CERTIFICATE OF DEATH

04151

Hagerstown Md

Andrew K. Coffman.

	FOR MEDICAL	EXAMINERS		. Dist. No	302	
1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (STATE Maryland	.3	COUNTY	Fred	
CITY (If outside corporate limits, write RURAL and CR give nearest town) HRGERSTO	(in this place)	CITY (If outside corpor	ate limits, write RUI	AL and give n	earest town)	
INSTITUTION OR WASH. Co. Hosp STREET ADD (1885) and Burkatt	PITAL aville Rd	STREET ADDRESS 13	(If rural, give			V
DECEASED (Type or Print) DARLENK M.	(Middle)	(Last) UL T	OF			(ear)
Female 6. CÓLOR OR RACE 7. White	SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify) 102 1	8. DATE OF BIRTH	9. AGE iast birthda	If under 1 ye Months Da	ays Hours	24 hra Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In Lacorer, Landsdale in	b. KIND OF BUSINESS OR	Brunswick.	21.	12. C	SA A	VHAT
13. FATHER'S NAME Russell H. Ault 15. Was Deceased Even In U.S. Armed Forces?		Gussie V. 17. INFORMANT AND A				
(Yes. no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Rusgell H.				
1. DISEASES OR CONDITIONS DIRECTLY LEA	18. MEDICAL CE ADING TO DEATH	RTIFICATION			NTERVAL BET	
Immediate cause (a)		***************************************			.0 00 00 000000000000000000000000000000	****
giving rise to the above cause	Fultiple fra.		\$ 1 miles (6 pm n × 1 miles (6 pm n n n n n pp 4 pm n n n n pp 4 pm n n n n n pp 4 pm n n n n n pp 4 pm n n n n pp 4 pm n n n n pp 4 pm n n n n pp 4 pm n n n n pp 4 pm n n n n pp 4 pm n n n n n n n n n n n n n n n n n n	2-17 00 da nagana mamanana (19 50 - 10 00	** ** rawas**** someopmar	
stating the underlying cause last	prieditio-	nemotnoraxs	nocr			
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 						
19a. DATE OF OPERATION 19b. MAJOR FINI				20	O. AUTOPSY	10
		Capland		(COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) IN. OF 1NJURY 4 2/ 5/ // me we	JURY OCCURRED alle at Not while ork at work	Auto overtu	curi irned on r	oad was	isse III	or
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or Le	THITTH AND THAT SAID DOCOL	area area on the arm bare	Inquiry the	reon and from	m the evide	nce
from: natural causes , accident , s	nicide , homicide , (Degree or title) OEPUTY MEDICAL E	undetermined .			DATE SIGN	
3, IN What Wells W. 23. BURIAL, CREMATION DATE THEREOF	WASH, CO., MD.	- ana-	own, id.		. > 2 /	57
Burial (Specify) 4 -24-51 DATE REC'D BY LOCAL REGISTRAR'S SIG		hts Cometery 24. Funeral director				0)
apr. 22/951 Charte	Bowers,		Cotfman			MA

The correct age

PLEASE WILLE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED

APR 24 1951

BUREAU V. S.

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) (If rural, give location) (Month) (Day) (Year) 196 9. AGE last birthday | If under 1 year | If under 24 hrs. Months. | Days | Hours | Min. 12. CITIZEN OF WHAT INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes | No | (COUNTY) (STATE) .m., from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) (State)

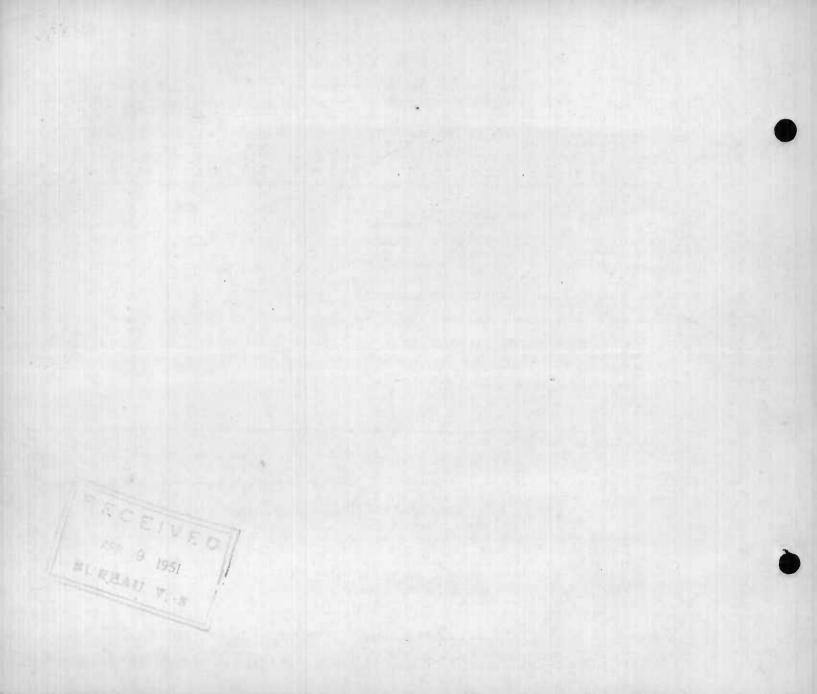


The correct age

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Was	sh.
CITY (If outside corporate limits, write RURAL OR give nearest town rstown		CITY (If outside corporate limits, write RURAL and give neares OR Hager town	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 341 N. JOY	nathan St.	STREET ADDRESS 341 M. Jonathan St.	
3. NAME OF (First) DECEASED (Type or Print) Sharon		Peckett 4. DATE (Month) (Dey) OF DEATH	(Year) 19
Female 6. COLOR OR RACE 7	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8 DATE OF BIRTH 9. AGE last birthday If under I year Months Deys	If under 24 bra Hours Min.
	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hagerstown, Ad.	ON OF WHAT
13. FATHER'S NAME Raigh N. Beckett	b	14. MOTHER'S MAIDEN NAME Lillian L. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or detes of service)	16. SOCIAL SECURITY No. NONE	Ralph N. Beckett 341 N. Jonath	han St
		ccus meningitis 6 1	hrs.
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the deeth but not			
	NDINGS OF OPERATION	Yes	UTOPSY!
Conditions contributing to the deeth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	E (Home, farm, factory, street, office bldg, etc.)	(CITY OR TOWN) (COUNTY)	400
Conditions contributing to the deeth but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIT TWO PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Dey) (Yeer) (Hour) INDICATED OF TIME (Month) (Dey) (Yeer)	E (Home, farm, factory, street, office bidg, etc.)	Yes	□ No Ď



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEAT COUNTY	WASHINGTON	MARYI	LAND		SIDENCE (F	ND OF DEC	EASED. COUNT	WASHI	NGTON
	corporate limits, write RUR		OF STAY	TOWN	HAGER			ve nearest t	own)
HOSPITAL OR INSTITUTION O STREET ADDR	OR WASHINGTON	COUNTY HO	SPITA	STREET ADDRESS	1001	CORBET	ove location)		
3. NAME OF DECEASED (Type or Print)	CHARLES	EBBERTT		BERRY		4. DATE OF DEATH	APRIL	(Day)	(Year) 19 51
MALE	6. COLOR OR RACE WHITE	7. SINGLE, MAR WIDOWED DI (Specific RR	RIED,	6/13	/1891	9. AGE last birt	yrs. Months	l year If u	under 24 hrs.
done during most of	PATION (Give kind of work working life, even if retired) FINISHER	10b. KIND OF BUILDING TURNITUE		CTORY	VIRG			2. CITIZEN COUNTRY?	U.S.
WALTE	R H. BERRY				RAH	ADAMS	1001	CORBE	ייים איים
Yesho or unknown	EVER IN U.S. ABMED FORCES () (If yes, give war or dates iservice)		9-6992	MRS.	MILLYA	N BERRY		ERSTO	WN ME
		18. M	EDICAL CER	RTIFICATION				1,	70-
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DE	ATH					ONSET A	ND DEATH
Immedia	ate cause (a)	Tulmon	ARY	Ent	2010	5		51	IRS
Diseases of giving rise	ent cause(s) r conditions, if any, to the above cause underlying cause last	Adeno 1	Carc	inom	<u>a</u> 0	t Rec	tom	91	no t
	(e)							1	
Conditions contri related to the disc	FICANT CONDITIONS buting to the death but not case or condition causing deat								
19a. DATE OF OP	0	FINDINGS OF OPI	ERATION	+				20. AUT	OPSY?
. 46		iom A c	T KE	don				Yes []	No 🔀
SUICIDE HOMICIDE	(Specify) PLA OF INJ				(CITY OR T		(COUNTY)	(ST	ATE)
TIME (Month OF INJURY) (Day) (Year) (Hour) m.	While at Not Work At		HOW DID I	NJURY OC	CUR?			
22. I hereby cer	rtify that I attended th	e deceased from.	4/2-	, 19.5.7., to	4/15	, 19.51,	that I last s	aw the d	eceased
alive on L	15 , 19.5 , an	d that death occ	curred at	40 A.m.	, from the	causes and or	the date st		ve. SIGNED
Kicho	d b. Ho	uves-	M.D.	10	gers	town	ma	- 4/	16/51
23. BURIAL, CRE. REMOVAL (Sp	11 4////	51 Ros	e cemetei	temes	ery	OCATION (City	town, or coun	712	(State)
DATE REC'D BY		SIGNATURE	rs	24. FUNERA	DHECTO	sauce 1	- the	ADDRI	SSS Sun



2411 N. Charles Street, Baltimore

Reg. Dist. No. 306

CERTIFICAT	E OF DEATH	Reg. Dist. No. 306
1. PLACE OF SEATH- COUNTY Washing on MARYLAND	2. USUAL RESIDENCE (HOME) OF DE STATE	Washing T
CITY (If outside or parate limits, write RUFAL and LENGTH OF STAY OR give nearest own) TOWN (in_this_place)	OR TOWN CITY (If outside corporate limits, write	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (II rural,	give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) VIVELE E	(Last) A DATE OF DEATH	(Month) (Day) (Year) 17by 14 1917
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last bir 9-28-1888 63	thday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) 10b. Kind of Business or Industry 10c. Kind of Business or Industry 10c. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	(CONTIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of leervice)	12 NEORMANT AND ADDRESS Cades. Blickens	raff Smithal
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chesine Pyclouph	ritis	1 year
	itis, Chesica Surre	Years
(e) 11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July	, 1950, to 14 agr, 1951,	that I last saw the deceased
alive on 14 Cyr., 19 1, and that death occurred at	7. 24 P.m., from the causes and o	on the date stated above. DATE SIGNED
John Dean Wilson MD.	Swithsburg, The	1/10/21
REMOVAL (Specify) up 17-57 Smith	string Smith	y, town, or county) (State)
DATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE REGION 17-51 Geo. W Terguson	Tace F. Bill	Il anyersall
		me

BUREAU V. S.

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY Washington	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY	la sh
Washington MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STA		
OR give nearest town) Hagerst own (in this place) Town OR give nearest town) Hagerst own 26 yrs.	OR TOWN Hagerstown	nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 216 N. Locust St	ADDRESS 216 N. Locust St.	
3. NAME OF (First) (Middle)	08	(Day) (Year)
(Type or Print) Certude A.	Boyd DEATH ADI.	1 1951
Female 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)Married	8. DATE OF BIRTH 9. AGE last hirthday If under 1. Mar. 24 1905 46 yrs.	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Aircraft	Near Chewsville Md.	OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harvey C. Lantz	Emma Unger	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of 214-09-1988	Mr. John W. Boyd Hag.	Md.
	CERTIFICATION	
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	- Omo.	
Intinediate cause	0 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	10 00 07 00 00 00 00 00 00 00 00 00 00 00
/ / / Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************	
480 stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	.,	20. AUTOPSY?
UN. 1950 Caramorna - Pelu	w -	Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bidg., etc.) NJURY	et, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	20° 10 About 5	
22. I hereby certify that I attended the deceased from Lov.	19 , 19 , to, 19 /, that I last say	w the deceased
alive on Olaila / 1951, and that death occurred at	8:05 P.m., from the causes and on the date state	rid abassa
alive on, 1999, and that death occurred at SIGNATUR! (Degree or title)	ADDRESS	DATE SIGNED
March March	100 Marin Marin The 4	1/13/0
The politica met	15 900. Willagians	1013/
not be contained to the	TERY OR CREMATORY LOCATION (City, town, or county	3
	ven Cemetery Hagerstown	~ •
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Ctrs. 13.1951 6 Wart 120000	Scott F. Minnich & Son Ha	g. Md.

PUREAU V. S.

PLEASE

VS. Alž

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

OBICIAL	DOI DESTRICT Reg. DIST. NO	J
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Washington MARYLAND	STATE M 2 COUNTY	Loch
CITY (If outside corporate limits write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
OR give nearest town) TOWN Gin this piace)	TOWN Hancock	
HOSPITAL OR INSTITUTION OR STREET ADDRESS East Main Street	STREET (If rural, give location) ADDRESS East Main Str	eet
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Mary Trances	Brezkall OF April	21 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M. dowed	8. DATE OF BIRTH 9. AGE iast hirthday If under Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY? WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UL. 3, 11.
John Easton	Cattlevine Strai	1 6 6
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	212
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Reba Courtney	daughter)
18. MEDICAL CE	RTIFIGATION /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	had the words	ONSET AND DEATH
Immediate cause (a)	The perior may	
5 /R / Antecedent cause(s)	shosis fiver	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Some Nephrites	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		PA
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY Work At work		
1430111	11 171 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
22. I hereby certify that I attended the deceased from	19. 7, to 19. 19. that I last s	aw the deceased
1 / / 20 10(7) and that double assured at	1130 At soul the sound on the date of	-4-J -1
alive on	ADDRESS ADDRESS	DATE SIGNED
Willhatter,	mo saucoul m	d 4/53/17
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
BMOVAL (Specify) 4-24-51 St. Peter's		Md
DATE REC'D/BY LOCAL RECISERAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS,
REG. 4/23/S/ DAJ FELLEN	Charles R. Bast Ha	N COCK M.

BUREAU 1957 (ISD)

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

		<u> </u>		The state of the s		
1. PLACE OF DEAT	H•		2. USUAL RESIDENCE		ED.	
WA	SHINGTON	MARYLAND	MARILAN		COUNTWASHING	TON
OR give BOO	rorporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR HAG	rate limits, write RUR ERSTOWN	AL and give nearest to	WD)
HOSPITAL OR	R GUILFORD CONT	VALESCENT HOME	STREET ADDRESS 28 N	ORTH AVE.	location)	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (A	Ionth) (Day)	(Year)
(Type or Print)	NETTIE		UCHANAN		PRIL 10	19 5]
FEMALE	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 5/6/ 1865	9. AGE last birthday 85 yrs.	If under 1 year If un Months Days Hou	der 24 hrs
10a, USUAL OCCUP	ATION (Give kind of work even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O COUNTRY?	U.S.
13. FATHER'S NAM		1100,125	14. MOTHER'S MAIDE			0.3.
WILLT	AM H. ROHRER		MARY E. F			
15. WAS DECRASED F	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
(Yes, no, or unknown)	(If yes, give war or dates	NONE	MR. W.H. BUCH	ANAN HAGE	ERSTOWN Md.	
		18. MEDICAL CE		ALAN	1	
Immedia:	nt cause(s)	teading to death Cereb	ral Hame	norhage	INTERVAL ONSET AND	
giving rise t	conditions, if any, to the above cause underlying cause last (c)	mure n	eur sus		109	gal
Conditions contrib	ICANT CONDITIONS outling to the death but not age or condition causing deat	h.				
19a. DATE OF OPE	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTO	PSY?
					Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN)	COUNTY) (STA	CE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
22. I hereby cer	tify that I attended th	e deceased from John L. d. d that death occurred at	195), to Gard		e date stated above	2.
SIGNATUR	Willan	(Degree or title)	ADDRESS	loan	DATE SI	GNED
23. BURIAL, CREM REMOVAL (Spe	elfy) // 4/13	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, for	or county	State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE OF SOME	24. FUNERAL DIRECT	OR Julian X	Liserslow	Sud.

RECEIVED 1957

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04159

	ODMINI TOTAL	DOI DELL	LAA	teg. Dist. No.	
1. PLACE OF DEATH.		2. USUAL RESIDENCE	(HOME) OF DEC		
COUNTY LICENSIA	MARYLAND	STATE MAYOR	.0	montgon	4044
CITY (If outside corporate limits, write RU	RAL and LENGTH OF STAY	CITY (II outside corpo	rate limits, write I	URAL and give	nearest town)
OR give nearest to a Case	(in this place)	OR TOWN S.O.	eal Rains		V
HOSPITAL OR	5 mon Zho	STREET	en/often	ive location)	7
INSTITUTION OR STREET ADDRESS Retchie A	boxelal	ADDRESS RFN #	+2		
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print) Milichel	00	Burton	OF DEATH	asis	9 1951
6. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birth	day If under Months I	year If under 24 hrs Days Hours Min.
10 VIOLAT OCCUPATION (Circ bird of ore		11. FIRTHPLACE (State			CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of wordone during most of working He, eyen if retired		Moreto C.	arolina		OUNTRY SA.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
Lewis Burlow		Betsy Go	role		
15. WAS DECRASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
(Yes, no, or unknown) (If yes, give war or date	en of eenk.	3tozaclas.	Kernel		
Mark lace race	18. MEDICAL CE	RTIFICATION		1	
					INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTL					ONSET AND DEATH
	Cereford Orter	un-releases r			Semal Yes
Immediate cause (a)	coo gue o z				
Antecedent cause(s)	avleris-scleros	Honet Di			100011
24 Diseases or conditions, If any. (b).	aveno-sairos	is ffewer we	The same of the sa		come gas.
giving rise to the above cause stating the underlying cause last	Therewene	Conces- Hosen	low water	2	0
34	Generalized a	vleria- ocleron	72	11	some yes.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no	1				V
related to the disease or condition causing decreases. DATE OF OPERATION 19b. MAJOR					20. AUTOPSY?
198. DATE OF OPERATION 198. MASO	TINDINGS OF OTERMINON				
1 10		(CITY OR	TOWN	(COUNTY)	Yes No P
SUICIDE	LACE (Home, farm, factory, street, forfice bldg., etc.)	(CII I OK	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	While at Not While	HOW DID INJURY O	CCURT		.54
OF INJURY m		1000000			
22. I hereby certify that I attended alive on	and that death occurred at (Degree or title) m.D. Re	9: 40.0 m., from the ADDRESS	e causes and or	the date star	ted above. DATE SIGNED
REG.	of Dochwan	Toker	X. Usn	orace	1.11.
11/4	1 100			17	williand
(/ D)	soul Oreger	CAN TO THE PROPERTY OF THE PRO	0.0	1/182	.,,-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



VS. A15 PLEASE W

MARYLAND STATE DEPARTMENT OF HEALTH

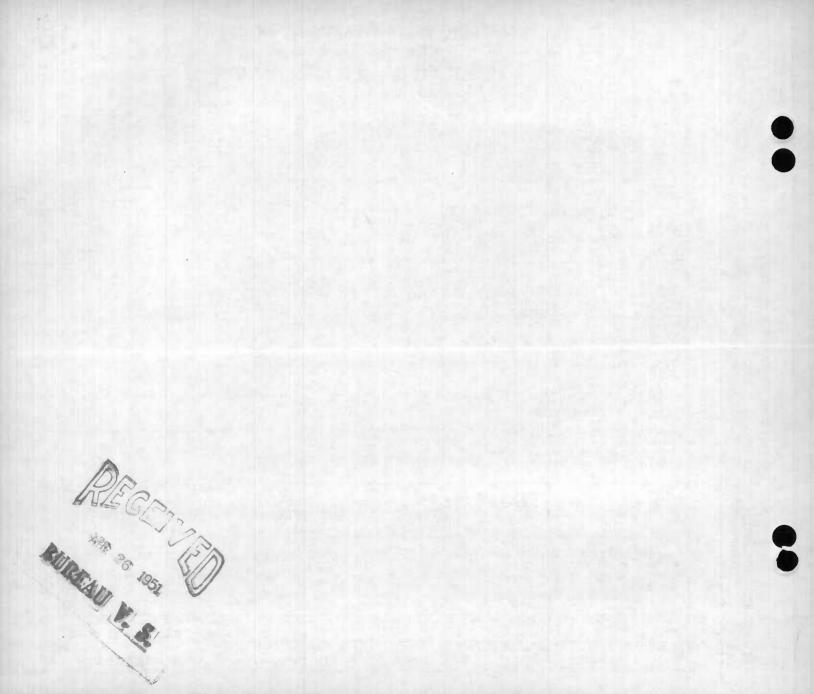
2411 N. Charles Street, Baltimore

04160

CERTIFICATE OF DEATH

eg. Dist. No. 302

Reg. Dist. No. 302
2. USUAL RESIDENCE (HOME) OF DECEASED
STATE aryland Sashington
CITY (If outside corporate limits, write RURAL and give nearest town)
OR Hagerstown
STREET (If rural, give location) ADDRESS 651 Potomac Ave.
(Last) 4. DATE (Month) (Day) (Year)
CAMPION DEATH April 22 161
8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Apr. 15, 1867 84 yrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Hagerstown, Md.
14. MOTHER'S MAIDEN NAME
Angeline Lutz
17. INFORMANT AND ADDRESS
Mrs James H. Harley
ERTIFICATION INTERVAL BETWEEN
ONSET AND DEATH
with your
1 1
lus china /0 km
1 20. AUTOPSY?
(CITY OR TOWN) (COUNTY) (STATE)
(OLLI OLLI OLLI (BIRIE)
HOW DID INJURY OCCUR?
1931, to 1935, that I last saw the deceased
ADDRESS DATE SIGNED
ADDRESS DATE SIGNED
Terdina my 1/25/51
RY OR CREMATORY LOCATION (City, town, or county) (State)
ALL OR CREMATOR! LOCATION (City, town, or county) (State)
1 Cemetery Hagerstown, Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	Reg. Dist. N	10
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Christian MARYLAND	STATE Mandad COUNT	
CITY (If outside corporate lights, write RURAL and LENGTH OF STAY OR give-meanest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ive nearest town)
TOWN Males Man. 2 wells.	TOWN OF STORAL TONA	
HOSPITAL OR INSTITUTION OR STREET OF THE PROPERTY OF THE PROPE	STREET (If rural, give location)	
STREET ADDRESS Male, Co. Hospital	5. main st	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	Class - DEATH Chail	19, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last birthday 1 under	1 year If under 24 hrs.
Male White (Specify) married	Jelinu 7 816 73-2-12 m.	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BICHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
Search Chan Openation (Fredired) INDUSTRY COMM COMMENT	near Myersinele Fred. Co. md.	.A.Z.V
13. FATHER'S NAME)	14. MOTHERS MAIDEN NAME	
Henerale Chine	15 survara Marken	
15. Was Decrased Ever In U.S. Arned Forces? (Yes, no, or-unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	,
Check size)	Mrs. Cara Chine Boonsto	no ma
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Lowery Occh	recons	Sullan
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Claused Efficient	in Show	2 weeks.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		5 4 /20
related to the disease or condition causing death.	- Valoular decrare of strash	1 Lynn These
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	0	20. AUTOPSY?
O CONTRACTOR OF THE PROPERTY O	ACCURATE OF TRANSPORT	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
alive on Africa 17, 1977, and that death occurred at (Degree or title)		
Athenbert Bala. m. H.	Breuslesse. Ind.	
Buria (Specify) and 23.1951 British		sty) (State)
DATE REC'D BY LOCAL RECUSTRAR'S SIGNATURE	24 FUNERAL DIAECTOR POPM 2 Bantas	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

3

VS. A15

RECEIVED

APR 1951

BUREAU V. S.

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Miller 04162

Evidence for addition in 4 shown on:

CERTIFICATE OF DEATH

eg. Dist. No. 302

MM NO. G 132 APR 19 1951	ODJET II TOTEL	Z OI DEII		keg. Dist. No	D	
1. PLACE OF DEATH- COUNTWashington	MARYLAND	2. USUAL RESIDENCE STATE arylan		EASED COUNT	on	
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN HAGETS TOWN		CITY (If outside corp				
HOSPITAL OR	Co. Hospital	STREET ADDRESS 21U	(If rural, g	ive location)		
3. NAME OF (First) DECEASED (Type or Print) GAIL	(Middle) FRANCES	(Last) DRAWBAUGH	4. DATE OF DEATH	(Month)		Year) 195/
Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Na.TT1ed	s. DATE OF BIRTH July12,189	9. AGE last hirth	Vra. Months		24 hrs.
10s. USUAL OCCUPATION (Give kind of work done lluring post of working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY OWN HOME	Chambersbu	or foreign country)	a. 12	COUNTRY?	WHAT
Charles H. Patters	on	Anna M.	N NAME Foust			
15. Was Decrased Ever In U.S. Armed Forces? (Yal no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	David G. Dr	awbaugh p	2105 V	irginia own, Mo	L AV
Immediate cause 153 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Einr -					0
We want of	INDINGS OF OPERATION	May do		mo o	20. AUTOPS	Y?
21. CCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	CITY OR	TOWN)	(COUNTY)	Yes T Yes (STATE)	No A
TIME (Month) (Day) (Year) (Hour) OF INJURY . m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?			
22. I hereby certify that I attended the						
SIGNATURE SIGNATURE 23. BURIAL, CREMATION DATE THEREO	that death occurred at(Degree or title)	ADDRESS	LOCATION (City,		DATE SIGN	NED 1954

Andrew K.

Coffnan Hagerstown, Md.

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

				reg. Dist. No.	***************************************
COUNTY Washington		2. USUAL RESIDENCE (H	_	CEASED · COUNTY	wontgomer
washing con	MARYLAND RAL and LENGTH OF STAY	Marylan Marylan			montgomer
CITY (If outside corporate limits, write RUI OR give nearest town) TOWN WILLIAMS DOFT Md	(in this place)	OR Detnesd	a lad.	RURAL and give	nearest town)
HOSPITAL OR	- VI	STREET	(If rural,	give location)	
STREET ADDRESS Williamspo		ADDRESS 5516 H	untingt	on Park	way /
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	rockenbrough	Evans	DEATH		22 195]
Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 100WEQ	June 1 1868	9. AGE last birt	bday If under I Months	year If under 24 bri Days Hours Min
10a. USUAL OCCUPATION (Give kind of work	1 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country	1 12	CITIZEN OF WHAT
done during most of working life, even if retired)	Home	Louisville K	У.		COUNTRY? U.S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Columbus B	rockenbrough			letta Qu	
15. WAS DECRASED EVER IN U.S. ARMED FORCE		17. INFORMANT AND	ADDRESS B	rch Isl	and N. Y.
(Xes, no, or unknown) (If yes, give war or dates	None	Mr. Brockenbr	ough Er	ans Cra	nberry
	18. MEDICAL CE	RTIFICATION	ة بل	ke N.Y.	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
Y 3104 (0)	Vascular hyper	tension with a	apoplex	7	5 yrs.
Immediate cause (a)		· · · · · · · · · · · · · · · · · · ·			
Antecedent cause(s)					
Diseases or conditions, if any, (b)	சுர் திருந்துகள்குற்ற நடுத்த கால் கற்கார் கற்கார் கிறி ராண்டிற்ற ஒர் ஒர் உற்காக் கண்டிக்க குறிக்கத் இருக்க கிறிக்க கிறிக்க கிறிக்க கிறிக்கத்	alah கராட் சுறுந்தை 67 செறுத்தை 6 0 0 0 o o o o o o o o o o o o o o o o		***************************************	*****************************
stating the underlying cause last					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing des	Chronic an	rthritis			
19a. DATE OF OPERATION 19b. MAJOR					20. AUTOPSY?
None				Total Control	Yes No T
SUICIDE OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?		
INJURY m.	Work At work				
22. I hereby certify that I attended the	At ending	physician out	of tor	that I last an	m the december
alive on, 19, a	nd that death occurred at	45. A.m., from the	causes and o	n the date sta	ted above.
SIGNATURE	(Det EPUTY MEDIC	AL ACXAMESS 115 N.	Potoma	St.	DATE SIGNED
Sold wheat wells	WASH. CO.,	MD. Harers	stown, I	id.	4/24/51
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify) April 2	8 1951 Bradford	RY OR CREMATORY L	ocation (che radford	vermon	(State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO			ADDRESS
april 23. 51 & Kes	Mª Elroy	Albert L. Lea	af Will:	iamsport	

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	neg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and CENGTH OF ST OR Givo nearest town) TOWN HAZEISTOWN	AY CITY (II outside corporate limits, write RURAL and give nearest town) OR AKTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS 956 Lanvale Street	STREET (If rural, give location) ADDRESS Not Known
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Howard J.	Felix OF Apr. 10
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWSKE (Specify) WIO WE (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Min. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work difference of the studies	
13. FATHER'S NAME John A. Felix	14. MOTHER'S MAIDEN NAME Isabel M. Krebs
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No (Yes, no, or unknown) (If yes, give war or dates of erryice) 234-18-0523	The state of the s
	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Carcinoma of lu	INTERVAL BETWEEN ONSET, AND DEATE
Antecedent cause (s) Diseases or conditions, if any, (b) 147d stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
wr	Yes No V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str. OF office bldg., etc.) HOMICIDE (NJURY)	cet, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3.44.	, 19 to CO Am, 19 , that I last saw the deceased
alive on 10 Ay , and that death occurred a SIGNATURE (Degree or title)	at / 0m., from the causes and on the date stated above. ADDRESS DATE SIGNED
I I Jusky MN 230	or O vlomas Hagenory My 18 april
REMOVAL (Specify) Burial 4-13-51 Baptist (
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C. M. Suter & Sons. Hagerstown, Md.

VS. A15

BUREAU V. S.

2411 N. Charles Street, Baltimore

ZIII III OMMICO DU COU, DMININOI

CERTIFICATE OF DEATH

eg. Dist. No. 304

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	V
COUNTY Wash INGTON MARYLAND	DAS YYS	Wash.
OR give negrest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in_this place)	CITY (If outside corporate limits, write RURAL and giv	ve nearest town)
TOWN HANCOCK 5YYS.	TOWN HANCOCK	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS PAIN STYCET	Main Street	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Rebenca Ellen T	letchey DEATH Apr.	9 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	l year Punder 24 hrs Days Hours Mln.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) N', dowed	6-2-63 8 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDESTRY		COUNTRY OF WHAT
Hausewife OWN Home	I JATY JANA	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Norris	Mary MUNSUCKEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT	1.
service)	Nussel C. Tielcher	(SON)
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
The same	mic my carditis	
Immediate cause (a)		*****************************
Antecedent cause(s)	mox asy Jachers	
22.2 Diseases or conditions, if any, (b)	mox ary failure	
glving rise to the above cause	1 " A 11	***************************************
13& stating the underlying cause last (c)	well of the	***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	COUNTY OF MONEY	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At week		
Al A	2.5T. apra 1	
22. I hereby certify that I attended the deceased from	2, 1957, to	aw the deceased
alive on 19.57, and that death occurred at	3.30 A.m., from the causes and on the date st	ated ahove
SIGNATURE Degree or title)	ADDRESS /	DATE SIGNED
(XIIIXhadill) IIII	I haveock ma,	16/10/17
THE PROPERTY OF THE PARTY OF TH	DV OD CDENABODY 1 COMMON (C)	7/10/31
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	(State)
DUYIA TO TO STEINEY MA	1 NS VELL ATTEGRAY C	o. 11d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	111 10041	ADDRESS
	1 (1 2 1 0 0 1 1 1 3 0 1 1 1 3 1	7 4 4 6 1 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

BURLAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH			2. USUAL RESIDENCE (
Was	hongton	MARYLAND	Marylan	id Wash	ington	
CITY (If outside c OR give nearest TOWN HAS	orporate limits, write RUR town) CISTOWN	AL and LENGTH OF STAY	OR TOWN Sec 121		AL and give nearest to	own)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R ,,,	Hospital	STREET ADDRESS R.	F. D. #5	location)	
3. NAME OF DECEASED (Type or Print)	(First) Edna	(Middle) Pauline	Gillespie	OF I	fonth) (Day) pr. 5	(Year) 19 5]
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-23-1901	50	If under 1 year If u Months Days Ho	nder 24 hrs.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	Union Bridg	or foreign country)	12. CITIZEN	OP WHAT
				,	nd Country?	•
13. FATHER'S NAM	Thomas H.	Smith	Emma Br	itner		
15. Was Decrased E (Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates (service)	of NONE	George B.	ADDRESS Billespie,	Security	
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL ONSET AS	BETWEEN DEATH
	and the same	Jun 1 hon	20000		4-20	1
Immediat	e cause (a)	Judy 100				
Anteceder	nt cause(s)					
Diseases or	conditions, if any, (b)	0*0=000="===0.0** 0*0 - 0*0*0*01000=1**0*0**1000**00***00***00*				
	inderlying cause last					
	(c)					
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing dea	th.				
		FINDINGS OF OPERATION			20. AUT	OPSY?
					Yes 🗆	No 🗖
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY) (STA	
TIME (Month)		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
INJURY	m.	Work At work	0/1			
22. I hereby cert	ify that I attended th	e deceased from south 6	1951, to apri	15 195/ tha	t I last saw the de	haggan
0			_ /			
alive on	pr. 0 , 195 / , ar	nd that death occurred at	ADDRESS	causes and on th		
SIGNATURE	7 1	(Degree or citie)	ADDRESS	/	DATES	BIGNED
1/111	J. Jaymon	mf. Stal	tie Square 1	10 gentour	hed. Oppres	6.1851
23. BURLAL, CREM	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOOATION (City, to	wn, or county)	(State)
REMOVAL (Spec	(4-8-195	1 Rest Have	Cemetery	Hagersto	wn. Md.	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRE	SS
(PEG.N. 7.19	951 Interis	Mower	C.M. Suter &	Song Hor	erstown Md	





2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

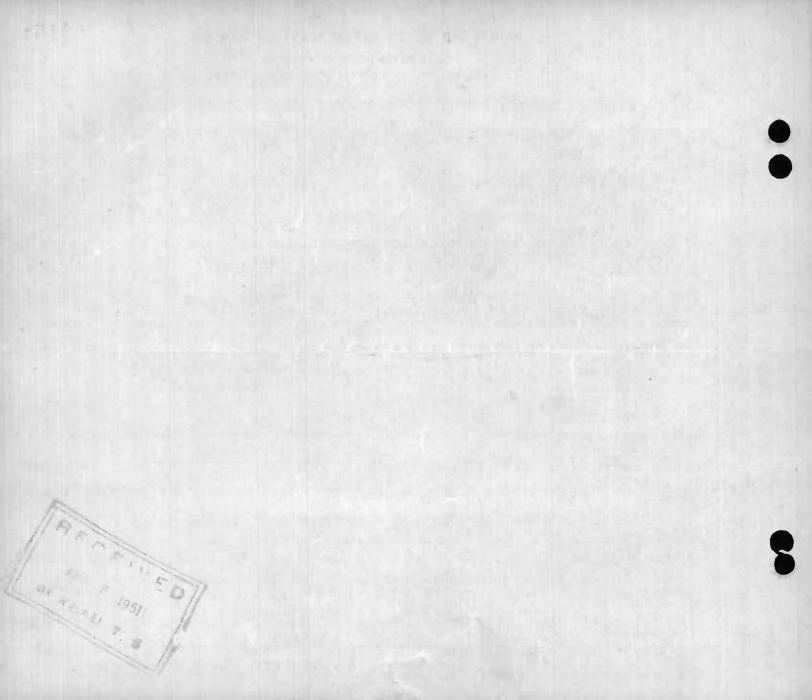
57 656

I. PLACE OF DEATH.			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
	ington	MARYLAND	Marylan	d Wash	ington
CITY (If outside	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL	and give nearest town)
OR give neares	cstown	(in this place)	OR Willi	amsport	
HOSPITAL OR			STREET	(If rural, give loca	ation)
INSTITUTION O	ss Wash. Coun	ty Hospital	ADDRESS 203 S	outh Artiza	an St.
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mon	
DECEASED (Type or Print)	Lewis	Franklin	Gray	OF .	pr. 2 151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last hirthday]	If under 1 year If under 24 hrs
Male	White	WIDOWED, 1 BIVORCED, (Specify)	12-28-1870	80 ym.	Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT
Tailor	MOLETUE HE AGE IT LECTION	Will Business		Maryland	GOUNTRY? A
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME .	
Charl	es M. Gray		22 2 00 2 00	Harrison	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates		John Gray, W	ADDRESS	+ 1/10
(1es, no, or unknown)	service)	° 220-16-3861	John Gray, W	TITIAMSPOL	o, ma.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
II Dabinolab oli o	/	+ 1.7.	ni An.	7/2	I'A JANA A
Immedia	te cause (a)	sterio-sclentic	Itear Disease	mis myour	esty 10 yr T
16-1			land.	101	
			Then		
giving rise t	conditions, if any, (b)	***************************************	***************************************	***************************************	**************************************
1300 stating the	underlying cause last				
	(e)				the state of the s
	ICANT CONDITIONS uting to the death hut not	Min			
related to the diser	ase or condition causing deal	th. W7			
19a. DATE OF OPE	CRATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
rang					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR T	OWN) (CO	OUNTY) (STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY	m.	While at Not While Work			
		- 1	-/ - 4		
22. I hereby cert	tify that I attended th	e deceased from 10 fels	195/ to 2 Apr	1957 that I	last saw the deceased
1/					
alive on.//	19 , ar	d that death occurred at.	m., from the	causes and on the	late stated above.
SIGNATURE	1	(Degree or title)	ADDRESS	1-1/	DATE SIGNED
4	T pusou	2 3/1V (G	my Hagine	Do ON	2/25/
23. BURIAL, CREM	TATION Y DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town,	or county) (State)
REMOVAL (Spe	clfy) 4-4-195	An 34	Cemetery	Hagerstown.	id.
DATE REC'D BY		2.07.2	24. FUNERAL DIRECTO		ADDRESS
REGIN 3/	951 6911	HBruner?	C.M. Suter &		
			I CA - UP OF CO I	DULIDA HAREL	THE CONTRACTOR OF THE PARTY OF

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legible.

MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

Dr Robt Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
a SIII II MARTLAND	STATE Washing tor CITY (If outside corporate limits, write RURAL and give	1
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) TOWN Hagers town 4 (in this place)	Town Hagerstown	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 720 Weldon Place	ADDRESS 720 Weldon Place	
3. NAME OF (First) (Middle)		(Day) (Year)
DECEASED	OF	053
5. SEX) 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last hirthday If under 1	
WIDOWED DIVORCED	Months I	Days Hours Min.
100 HOLLAT OCCUPATION (Circ kind of prock 10h King on Russings on	Nov 24 1908 42 yrs. 11. BIRTHPLACE (State or foreign country) 12.	0
deae during most of working life, even if retired Industry HOUSEWITE	C	CITIZEN OF WHAT
nousewife Own Home	Dal Limore Md	NA .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Lawrence H. Francis	Mary A. Eicholtz	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of 215-07-7238	Francis A. Griffith	
18. MEDICAL CER		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Hagerstown wd.	INTERVAL BETWEEN ONSET AND DEATH
	111 01 000 1	OHDER AND DEATH
Immediate cause (a) Carcinoma	of the agrenal gland	14
10 CV = 000	Thank Cun drome	
/ 7 Antecedent cause(s) Diseases or conditions, if any, (b)	stige squares	
allation also to the object of		0 00 00 00;
55 or stating the underlying cause last	rephnitis	6 mos
	14-11.0000	0.11000
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
./-	- Oa 1 :	
22. I hereby certify that I attended the deceased from No. 4. 7	, 1950, to 400 20, 1951, that I last say	w the deceased
" Opin 1 11/1051 2011	7:171	
alive on Africa, 19.5., and that death occurred at	ADDRESS and on the date stat	ed above. DATE SIGNED
SIGNATURY.	1/2/ 2/	DATE SIGNED
Mobert the assigned Mh	17 a genslown Md	+121151
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER		(State)
Burial (Specify) 4/23/51 Rest Have	en Cemetery Hagerstown Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mer. 22.1951 lopesti Bowers	Andrew K. Coffman Hagerstow	m Md.

REGETVED

BUREAU V. S.

Dr wells

GERTIFICAT	E OF DEATH	
FOR MEDICAL	L EXAMINERS Reg. Dist. No.	302
I. PLACE OF DEATH- COUNTY WAShington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town TOWN Hase TS town	CITY (If outside corporate limits, write RURAL and give OR TOWN Hagerstown	nearest town)
HOSPITAL OR INSTITUTION OR NEGLEY Bldg W. Wash. St	STREET (If rural, give location)	t.
3. NAME OF (First) (Middle) DECEASED (Type or Print) FREDERICK DORSEY GRU	JBER 4. DATE (Month) OF DEATH Apr 10	(Day) (Year) 1951 19
6. COLOR OR RACE 7. SINGLE. MARRIED. WILDOWSD PLOCED. (Specify) 12 100 CED.	S. DATE OF BIRTH 9. AGE last birthday If under I July 11 1871 79 yrs. Months	year If under 24 hrs Days Hours Min.
done during most of work life. Sepif river project	Hagerstown Md.	CITIZEN OF WHAT
Martin M. Gruber	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	Anna Lavely 17. INFORMANT AND ADDRESS	
(Yes. no No unknown) (If yes, give war or dates of None	Albert S. Gruber RETIFICATION 416 Jefferson St	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Acute coronary of Acute coronary of Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	Hagerstown Md	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decensions natural causes, accident, suicide, homicide, SIGNATURE PEFFICE MEDICAL WASH. CO., MI	undetermined Potomac EXAMPRESS 115 N. Potomac	rom the evidence printed resulted DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF! NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county l cemetery Hagerstown Wash.	
	24. FUNERAL DIRECTOR	ADDRESS

Andrew K. Coffman agerstown Md. 074849

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

The correct

BURGAU V. S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly-

MARGIN RESERVED FOR BINDING

PLEASE VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY
CITY (If outside corporate formits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY OR givo nearest town) (in this place)	OR TOWN Seals.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR Retchie Hospital	ADDRESS ?
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) George Elbert Ho	ardesty DEATH april 10 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF MRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
WIDOWED, DIVORGED, (Specify) Manual	Capil 13, 186/1 63 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	maryland COUNTRY? SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Or a street of	Elizabeth ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	La A-0 Danso
service) unk lenk.	Mospelal Melarce
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1. DISEASES ON CONDITIONS STORES SEEDING TO CO.	acia due to arterio-sclesorio some monte
I Encerkalumake	acea del to arleno-sclewood some monde
Immediate cause (a) CVI CL7444	terio-scleroies many yes.
Antecedent cause(s)	Tering classical Many 400
30 giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
138. DATE OF OTELERATION	Yes No F
L DI ACE (None form feetow street	The second secon
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(OILLOWIN) (OCCUPATION
HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
OF INJURY m. Work At work	
22. I hereby certify that I attended the deceased from Dec. 1.	5., 19.49, to Office 10., 1951., that I last saw the deceased
alive on and 10, 195/, and that death occurred at	7:25-Q.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Davidai m.D. Ref.	chie Hospital Cascade, md. 7/10/51
Nones	ERY OR CREMATORY LOCATION (City, town, or county) / State)
REMOVAL (Specify)	
succa 1/1/1	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	The state of hard
4/00/51 John 11 downer	1.911 varous y y son.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

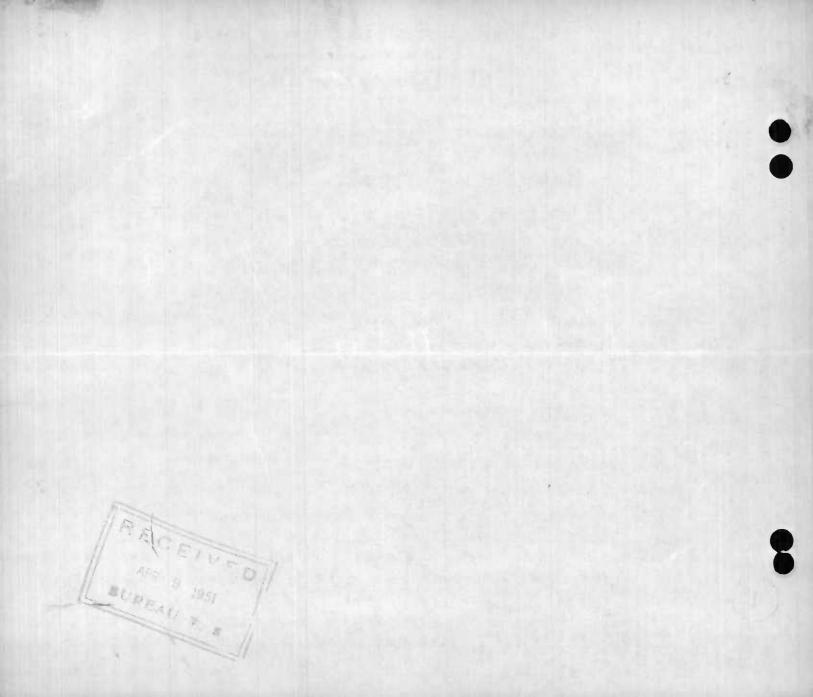
CERTIFICATE OF DEATH

r. Dist. No. 362

720826

04171

	meg. Dist. No	•
1. PLACE OF BEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1
MARYLAND MARYLAND	Maryland W	askinglaw
CITY (If outside corporate limits, write RURAL and OR give nearest Corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corposite limits, write RURAL and give	e nearest towh)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR CLASSINGTEN County Asspita	ADDRESS O G	nue
3. NAME OF (First) (Middle) DECEASED (Type or Print) W/LLIE NONE	HARRIS DEATH CHAIL	(Day) (Year) 3 1951
Male 6 GOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	S. DATE OF BIRTH 9. AGE last birth sy If under I	year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life wen if retired) One during most of working life wen if retired) Other family	11 BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	10,0
Unknauw	Unknaum	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war of dates of Mone service) Umb Way 1	William Harris 22 Ruby are. A	Laser Truming
leervice) Would Wan y / Conce	· A	O The state of the
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	linear with myresold factor	2000 t-
Immediate cause (a)_U.auvuuda 1 (400)	way were mystering factors	uncedary
42/2/ Antecedent cause(s)		
Disease or conditions, if any, (b)	***************************************	-4 44 44 44 - 044
90 stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
ISS. DATE OF THE PROPERTY OF STREET		Yes D No W
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	1 24 2 5	
22. I hereby certify that I attended the deceased from 3 / Many	1, 195/, to 3 apr., 195/, that I last sa	w the decessed
7 64. 5/	1. 3. 1	
alive on 1921, and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
I I Justy MN 23	301 Polima Hagenbus My	4 My 51
23. BURIAL, CREMATION DATE THEREOF / NAME OF CEMETE REMOVAL (Specify) 4 3 1951 Case Hill	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL RUGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
ajis 5, 1951 Ghash Jowers	William H Doubrey 29/7-	reduch St



The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
MARYLAND MARYLAND	Maruland Wash	working
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN Sensivola Guna! 28 years	TOWN Deneurala Pural	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS SOUNDING 17.	Bornston Md. R.	l
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Fillia Catherine	Times DEATH Chail -	- 19 - 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs.
Demale Wilds WIDOWED DIVORCED, (Specify) Married	January - 21-1874 7740-200 15%. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	111. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Headquille W. Va.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.2.11
9 tu Brilan	Laura V. Isellert	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of learning)		. R.1.
IS. MEDICAL CE		. 13.1
	MINION TON	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
The state of the sing man	1 +.	10 days
Immediate cause (a)		
(14) \ Antecedent cause(s)		U 4
Diseases or conditions, if any, (b) (b) (c)		
93 & stating the underlying cause last		
(c) refrentes		n 4
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	IJ.	
related to the disease or condition causing death.	er (Fig)	11 4
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 4.	, 19.5.1., to april 1.9, 19.5.1., that I last so	w the deceased
alive on A. 18, 19, 19, 1, and that death occurred at	120 1 - 6	4. 1. 1
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
SIGNATURE	Benesleans not.	
Thenbest rate, m. N.	I describers - red.	4/20/54
	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DEMOVAL (Specify)	Cemetery Benevolo Wrash. C	a. md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG That 21.1951 John H. Bart	TIM - Batasan B	mr. I.
		LAJIMALO



2411 N. Charles Street, Baltimore

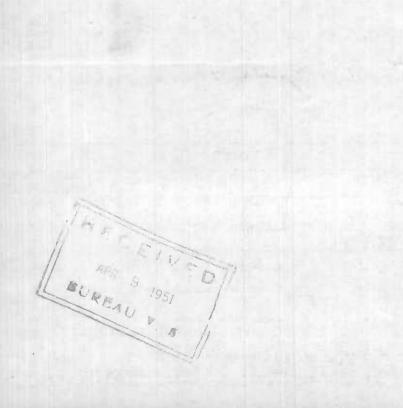
CEDTIFICATE OF DEATH

			E OF DEAT	Reg. Dist. N	0
1	I. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEASED.	
/	COUNTY Washington	MARYLAND	STATEryland	Washing ton't	Y
125	CITY (If outside corporate limits, write RUI OR give nearest town)	RAL and LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and gi	ve nearest town)
3.6	TOWN Hagers town	1 this place)		erstown R.#1	
leg	HOSPITAL OR		STREET ADDRESS ~	(If rural, give location)	
of information carefully death clearly and legibly.	INSTITUTION OR STREET ADDRESS Washing tow	n Co. Hospital	Cave	town, Pike	
v a	3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
ma	(Type or Print) Sarah	Jane	Hoover	OF DEATH ORSIS	4 1951
cle	5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH	9. AGE last birthday If under	1 year If under 24 hrs
the state of	Female White	(Specify) Single	April 3/51	yrs. Months	Hours Min.
ea c	10a. USUAL OCCUPATION (Give kind of work	I IOh. KIND OF BUSINESS OF	11. BIRTHPLACE (State or		2. CITIZEN OF WHAT
E E	done during most of working life, even if retired)	INDUSTRI	Hagerstown	Md.	Cours
ite it	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
rich br	Ned Hoover			ane Plummer	
Supply every item write the causes of	15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, North anknown) (If yes, give war or dates service)	16. SOCIAL SECURITY NO.	Ned Hoover Ha	ADDRESS Lgerstown? Md.	Route #1
ply e ti		18. MEDICAL CE			1
a fi	I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
. 41			2 -4 /	11 0.	ONSET AND DEATH
OING INK.	Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Bilateral (nomaly	was eggs	I Jans.
H .E	(a)		O		* * ** ** ** ** ** ** ** ** ** ** ** **
VFAI	(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		U		
UNFADING t. Physicians:	Conditions contributing to the death but not		0		
H UNFAI	Conditions contributing to the death but not		0		20. AUTOPSY?
ITH UNFAI ortant, Physi	Conditions contributing to the death but not	FINDINGS OF OPERATION	O		20. AUTOPSY? Yes \(\text{No (V)} \)
WITH UNFAI	Conditions contributing to the death but not		(CITY OR TO	OWN) (COUNTY)	20. AUTOPSY? Yes \(\text{No (V)} \)
VLY, WITH UNFAI	Conditions contributing to the death but not	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While	(CITY OR TO		20. AUTOPSY? Yes \(\text{No (V)} \)
AINLY, WITH UNFAI	Conditions contributing to the death but not	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	20. AUTOPSY? Yes No (X) (STATE)
PLAINLY, WITH UNFAI especially important. Physi	Conditions contributing to the death but not	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	20. AUTOPSY? Yes \(\text{No (V)} \) (STATE)
PLAINLY, WITH UNFAI is especially important. Physi	Conditions contributing to the death but not	TINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from 4/3.	HOW DID INJURY OCCU	UR?	20. AUTOPSY? Yes No (X) (STATE) aw the deceased
TE/PLAINLY, WITH UNFAI is especially important. Physi	Conditions contributing to the death but not	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED Work Not While at Not While At work the deceased from 4/3	How DID INJURY OCC., 19.51, to 41.4	UR?	20. AUTOPSY? Yes No (STATE) aw the deceased ated above.
RITE/PLAINLY, WITH UNFAI is especially important. Physi	Conditions contributing to the death but not	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from 4/3 (Degree or title)	HOW DID INJURY OCC., 19.51, to 41.4.	UR?, 19 J.L., that I last secauses and on the date st	20. AUTOPSY? Yes No (X) (STATE) aw the deceased
WRITE PLAINLY, WITH is especially importan	Conditions contributing to the death but not related to the disease or condition causing designated and the disease or condition causing designation of the disease of the diseas	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from 46.3 and that death occurred at (Degree or title) On A Physicia	HOW DID INJURY OCCUR., 19.5%, to 4% 4% ADDRESS	un?, 19.J.L., that I last s causes and on the date st	20. AUTOPSY? Yes No (STATE) aw the deceased ated above. DATE SIGNED
WRITE PLAINLY, WITH is especially importan	Conditions contributing to the death but not related to the disease or condition causing designated and the disease or condition causing designation of the disease of the diseas	TINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work the deceased from Af S and that death occurred at (Degree or title) OF NAME OF CEMETE	HOW DID INJURY OCCUR., 19.5%, to 4% 4% ADDRESS ADDRESS RY OR CREMATORY LO	un; 19.2.1., that I last so causes and on the date st causes are caused as a cause of the date st cause	20. AUTOPSY? Yes No (X) (STATE) aw the deceased ated above. DATE SIGNED 4/4/5/ ty) (State)
PLEASE WRITE/PLAINLY, WITH UNFAI	Conditions contributing to the death but not related to the disease or condition causing desired at the disease of conditions and causing desired at the disease of conditions are conditionally as a sign of the disease of conditions are conditionally as a sign of conditions	FINDINGS OF OPERATION ACE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work The deceased from Harmonia of that death occurred at the company of the company o	HOW DID INJURY OCCUR., 19.5%, to 4% 4% ADDRESS ADDRESS RY OR CREMATORY LO	causes and on the date st CATION (City, town, or coundagers town	20. AUTOPSY? Yes No (STATE) aw the deceased ated above. DATE SIGNED

PLEASE VS. A15

MARGIN RESERVED FOR BINDING

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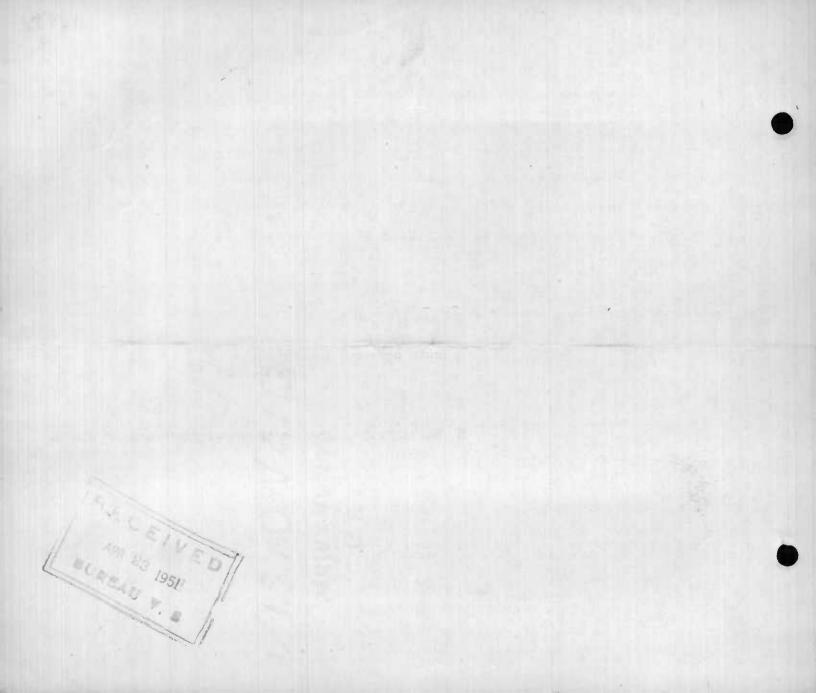
X

CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Reg.	Dist. No.	38	20
1. PLACE OF DEATH COUNTY WASHINGTON CITY (If outside corporate limits, write RURA OR give nearest town) RSTOWN	MARYLAND AL and LENGTH OF STAY 20 thin glace)	2. USUAL RESIDENCE (STATE Mary] CITY (If outside corpor OR Hase	and	COUNTY		
HOSPITAT OR	anklins St.	TOWN	Salem Ave.	ocation)		
3. NAME OF (First) DECEASED (Type or Print) Anna		(Last) losfeld	OF AP	onth)	(Day) 16	(Year) 19 5
Female 6. Color or RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1211100	4/2/1909	9. AGE last birthday 42 yrs.			ours Min.
done during most of working life, even if retired)	10b. Kind of Business or Industry Ing Mill	Pennsylvan		12.	CITIZEN COUNTRY?	ot WHAT
Charles W. Colbe:		Ella Grine				
15. Was DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)	214-09-4482	Mrs. Pear	l Miller,	Hager	stown	n, Md
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	Acute cerebr	ral hemorrhage (5/16/51 al			ONSET A	BETWEEN ND DEATE
Conditions contributing to the death but not related to the disease or condition causing deat	n.	e, arse ic or me	ercury prese	nt in		
PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR		COUNTY)	Yes (STA	No &
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?			
22. I certify that I took charge of the remo- obtained by said Autopsy, Despection or from: natural causes 7, occident SIGNATURE SIGNATURE 23. BURIAL. CREMATION DATE THEREO REMOVAL Specify 4/10/51 DATE RECO BY LOCAL REGISTRAR'S	DEPUTY MEDION. WASH. CO., No.	and termined ADDRESS 1/5. ADDRESS 1/5. ADDRESS 1/5. ADDRESS 1/5.	n. Patom retown, cocation (City, town agerstown	m, or counts	DATE . 41/	SIGNED (State)



MARGIN RESERVED FOR BINDING



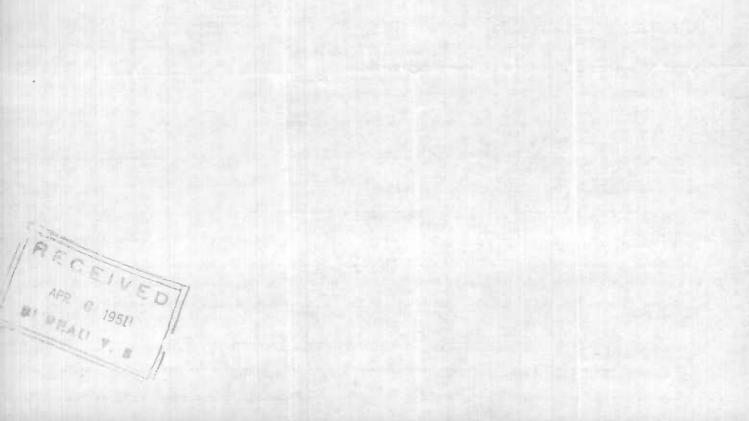
MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY PICUS MARYLAND	STATE Maryland Crast	ancesta.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corposite limits, write RURAL and giv	e nealest town)
TOWN (1) Structure (in this place)	TOWN BOUNDER	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS St. Paul St.	ADDRESS St. Paul St.	
3. NAME OF (First) (Middle)		(D-m) (V)
DECEASED	J III OF	(Day) (Year)
(Type or Print)	DEATH Chris	- - 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday III under Months	Days House Min
- Danse White (Specify) W. drund	GC1864 20: 1865 85 -5 - 1 yrs. 1	Days Hours Mill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY		CITIZEN OF WHAT
done during most of working life, evon it rectred) INDUSTRY	Sharksling Wash, Co. md.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	T. Cara
Minhael Bender	Mary Browley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Joseph E. Beeles So. Borry	1
No. Iservice) IVOTAL:		ellere ma.
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
		1 11
Immediate cause (a)		- Land
1170 Antecedent cause(s)		24 15 1
Diseases or conditions, if any, (b)	**************************************	Vhan 13 de
giving rise to the above cause	,	
(c) Cearling There	arches-	M II M
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not	1.1+	4 44 4
related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	accept the second	1 20. AUTOPSY?
158. DATE OF OPERATION 150. MASON PRODUCTS OF OTERATION		
A DE ACTO (TE	(CIENT ON TOWN)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from A.	, 19.27., to apart 1, 19.17., that I last so	aw the deceased
2 2 25 25 20 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	200	
alive on march 15, 1951, and that death occurred at 1.0	ADDRESS	DATE SIGNED
SIGNATURE (Degree or title)	ADDICESS	DATE SIGNED
Blubest Made, M.A.	Vacustino Brd	4/3/51.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Oboul 4 195		1 0 1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGOR III	Phone of Inc	ADDICESS 1
Tilbrid - 4. 1951 John 18. 12an	W-: J. Was y Down & Derry	und ma







VS. A1

04175

2411 M Charles Circot Baltimore

ZAII N. Charles	Street, Baitimore	
CERTIFICAT	TE OF DEATH Reg. Dist. N	0.306
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HQME) OF DECEASED	
COUNTY Washington MARYLAND	STATE Maryland COUNT	*Boot
CITY (If outside corporate fymits, write RURAL and LENGTH OF STAY	CITY (If outside converse limits, write RURAL and g	ve percent town)
OR give nearest tewn) (in this place)	OR TOWN Bollemore	Ive nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Pitchie Hospital	ADDRESS 934 E. Preston St	· . /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Unna Scott	Henler DEATH Opil	/ 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) January	S. DATE OF BIRTH 9. AGE last birthday If under Months Months	I year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lypustry		2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2317.
13. FATHERS NAME	14. MOTHERS MAIDEN NAME	
alexander Bour Hunter	Mary McCollism	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war for dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	1
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Typestensine	Coxcleo-Vascular Disease	mary Gro.
111121		71
Antecedent cause(s)	oses, generalized	many 4
Diseases or conditions, if any, (b) giving rise to the above cause	Jan Jeranieza	de.
od stating the underlying cause last	V	
(e)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ou.	?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work	NOW DID INSERT OCCUR.	
\$1 2	2	
22. I hereby certify that I attended the deceased from Fil. 23	2, 195./, to	saw the deceased
alive on Cycl. 1, 1957, and that death occurred at SIGNATURE (Degree or title)	11:40 P.m., from the causes and on the date s	tated above.
Daniel Rai, m.D. Rites	hie Hospital Cascade, mg.	4/1/5-1
Bridge AL (Specify) 4/4/4/	RY OR CREMATORY LOCATION (City, town, or cour	nty) (State)
DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. () A () H	April Call bea 1212 of P. 1	O . L

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

	2411 N. Charles	Street, Baltimore	1 /	
	CERTIFICAT	TE OF DEAT	H Reg. Di	st. No
1. PLACE OF DEATH-		2. USUAL RESIDENCE (MINITUO - A
Washington	MARYLAND	Maryes	nex,	DUNTY Ballemore
CITY (If outside corporate limits, write RUI OR givo nearest town)	RAL and LENGTH OF STAY (in this place)	OR CITY (If outside corpor	rate limits, write RURAL	and give nearest town)
TOWN Cascade	11/2 monet	TOWN Dalle	more	
HOSPITAL OR INSTITUTION OR	1. 20	STREET ADDRESS O	(If rural, give locat	ion)
STREET ADDRESS Actebil I	ospelale	11 72 TE	= Treston	st. V
3. NAME OF (First)	(Mlddle)	(Last)	4. DATE (Mont)	-, (0) (-000)
(Type or Print) / lanka	Fone	Hunler	DEATH Copie	1001
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH	13.0	under 1 year If under 24 hru onths Days Hours Min.
gemale While	(Specify)	Jan. 29, 1863	VIII.	
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)		In BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	1	Marykans 114. MOTHER'S MAIDEN	×	us A.
00.0	· she Peal	man me	0 011	
15. WAS DECRASED EVER IN U.S. ARMED FORCE		17. INFORMANT AND	60	
(Yes, no, or unknown) (If yes, give war or dutes	of unk	AND AND	Page 1	
seask service)	18. MEDICAL CH	PETERCATION	. Hecom.	
T DIGITATES OF COMPUNIOUS DIRECTORS		MIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY				ONSET AND DEATH
. Immediate cause (a)	arterio-sclen	the Heart i	Terese	Some years
200 A		45	0 0 :	9.0-
Diseases or conditions, if any, (b)	Hygesitensine	Carolio-rasa	May vessos	e della
734 giving rise to the above cause stating the underlying cause last	91			
(e)				
II. OTHER SIGNIFICANT CONDITIONS	00			16-11
Conditions contributing to the death but not related to the disease or condition causing der	ath, Hauloma	, ou		15 fes.
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No B
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (COU	NTY) (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY m.	Work At work			
	50.0	2 1051 . 0.1	0 12 .0 []	
22. I hereby certify that I attended the	he deceased from Okazak.	2, 195.1, to	L.I.E., 19.J., that I	last saw the deceased
alive on Cane /2, 195/, a	nd that death occurred at	3 P. m. from the	causes and on the da	ate stated above.
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Daniel Lai	m.D. Ret	chie Hospita	E. Parendo n	18 4/12/51
23. BURIAL, CREMATION DATE THERE	//~~	RY OR CREMATORY	LOCATION (City, town, o	r county) (State)
7) REMOVAL (Specify) LC///		elTo .	77 1-4	wed.
DATE REC'D BY/LOCAL REGISTRAR'S	S SIGNATURE	24 FUNERAL DIRECTO	OR OR	ADDRESS
REG/13/5-/ /WW	beduch	Wind Cook &	ne 1217 St	Paro ST
				Jack V.

MARGIN RESERVED FOR BINDING

VS. A15A

The correct age

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED-	11/-1
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Marvland	Wash.
OR give hearest town) 1 1 (in this place)	CITY (If outside corporate limits, write RURAL and give OR	1
HOSPITAL OR	STREET (If rural, give location)	a contraction
INSTITUTION OR STREET ADDRESS R.F. D. # 2	ADDRESS R. F. D. # 2	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Mary Elizabeth	JOHNSON DEATH ADVIL	14 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW (Speci	8. DATE OF BIRTH 9. AGE last birthday If under 1 Months I	
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working iffe, even if retired) INDUSTRY HOUSE WIFE	Matyland	MIN'S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Lee Welley	Hester Younker	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	11 1-4
laervice)		daughter)
18. MEDICAL CE		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· · · · · · · · · · · · · · · · · · ·	ONSET AND DEATH
arlens relea	alic my occardeal beaut	
Immediate cause (a)		
/ 1 1		
Antecedent cause(s)	'al delicare	
Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause	il beach failure	2 00 00 00 00000 0000 00000 00000 00000 0000
93d Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	il beach failure	
93d giving rise to the above cause stating the underlying cause last (c)	el beach failure	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	de Iv	
11. OTHER SIGNIFICANT CONDITIONS	de Iv	20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	de iv	20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	City or town) (COUNTY)	20. AUTOPSY? Yes No (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes D No 6
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Pay) (Year) (Hour) INJURY OCCURED		Yes D No 6
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	Yes D No 6
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Pay) (Year) (Hour) INJURY OCCURED OF INJURY OF While at Not white m. work at work	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Pay) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while work at work 22. I certify that I took charge of the remains described above, held an Acceptance of the semains described above of the semains described accepta	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy . Inspection . Inquiry . thereon and fr	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not while work at work at work obtained by said Autopsy, Lospection or Inquiry, find that said dece from: natural causes accident , suicide , homicide , homicide ,	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and frased died on the day stated above, and death in my of undetermined .	Yes No S (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH. TIME (Month) (Pay) (Year) (Hour) INJURY TIME (Month) (Pay) (Year) (Hour) While at Not while INJURY 22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Lespection or Inquiry, find that said dece from: natural causes accident , suicide , homicide (RNATHER)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and frased died on the day stated above, and death in my of undetermined . ADDRESS	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work of at work 22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Laspection or Inquiry, find that said decofrom: natural causes accident , suicide , homicide , SIGNATURE	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and frased died on the day stated above, and death in my of undetermined . ADDRESS	Yes No S (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Not while work at work at work at work obtained by said Autopsy, Laspection or Inquiry, find that said decent from: natural causes accident suicide, homicide, SIGNATURE 23. RURIAL CREMATION DATE THEREOF NAME OF CEMETE	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and frased died on the day stated above, and death in my of undetermined . ADDRESS	om the evidence prinion resulted DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Pay) (Year) (Hour) INJURY TIME (Month) (Pay) (Year) (Hour) While at Not white INJURY 22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Laspection or Inquiry, find that said decent from: natural causes accident suicide homicide strongs. SIGNATURE 23. RURIAL, CREMATION DATE THEREOF NAME OF CEMETE	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and frased died on the day stated above, and death in my of undetermined . ADDRESS EXAM. Hages four ud. Aperty or creekatory location (City, town, or county)	om the evidence prinion resulted DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Pay) (Year) (Hour) INJURY OCCURRED While at work at work at work at work at work. 22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Despection or Inquiry, find that said decent from: natural causes accident suicide, homicide, signature 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE PEMOVAE (Sperify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and frased died on the day stated above, and death in my of undetermined . ADDRESS EXAM. Hages four ud. Aperty or creekatory location (City, town, or county)	om the evidence prinion resulted DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH. TIME (Month) (Pay) (Year) (Hour) INJURY OF OF While at Not white work at work obtained by said Autopsy, Lespection or Inquiry, find that said decent from: natural causes accident suicide homicide standard causes accident suicide homicide standard causes accident when the work wash. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE PEMOVAE (Sperity) 4 - 17 - 51 STONE DY 1 4 - 17 - 17 - 18 - 18 - 18 - 18 - 18 - 18	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and frased died on the day stated above, and death in my of undetermined . ADDRESS EXAM. Hages four ud. Aperty or creekatory location (City, town, or county)	om the evidence prinion resulted DATE SIGNED

BUREAU V. S.

CERTIFICATE OF DEATH

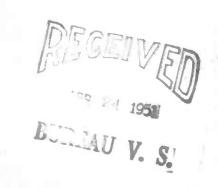
		ODICI III IOII I	B OI BBILL		. Dist. No. &
COUNTY Was	shington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY Wash		
	corporate limits, write RUR.	111e (in this place)	II OR	ersville	tAL and give nearest town)
HOSPITAL OR INSTITUTION (STREET ADDR	OR ESS		STREET ADDRESS	(If rural give	location)
8. NAME OF DECEASED (Type or Print)	(First) David	(Middle) Daniel	(Last) Keedy	OF	Month) (Day) (Year) oril 21 1951
s. sex Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DHORCED, (Specify) WIOOWED	8. DATE OF BIRTH NOV.20, 1856	9. AGE last birthda	y If under 1 year If under 24 hrs Months Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired) ed Farmer ME	10b. KIND OF BUSINESS OR INDUSTRY Self	Keedysville	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S
	ME avid Keedy		Lucinda B		
(Yes, my 6 unknown	EVER IN U.S. ARMED FORCES () (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO. None	Mrs. Ernest	Youngo	
I DISEASES OR (CONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ate cause (a)	Seil to			2 has - 9 day
450 CAnteced	ent cause(s) r conditions, if any, (b)	arting balanci			<i>(</i>
giving rise	to the above cause underlying cause last (c)	Ottomal		##\$\$ #\$ ## \$ ## \$ ## ## ## ## ## ## ## #	44 4
Conditions contri	FICANT CONDITIONS butling to the death but not ease or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE	(Specify) PLA(OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	Yes No COUNTY) (STATE)
HOMICIDE TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cer	tify that I attended the	d that death occurred at			
23. BURIAL, CRED REMOVAL (Sec	MATION DATE THEREO EST April 24			LOCATION (City, too Keedysvi	wn, or county) (State)
	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.	302
I. PLACE OF DEATH- COUNTY COUNTY CITY (If outside corporate limits, write RURAL and OR CITY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS MARYLAND LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE CITY (If outside corporate limits, write RURAL and give of the control of the co	unton)
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print) (CLU STATE OF SEX		(Day) (Year) 195 1 year If under 24 hr Days Hours Min Cittizen op What
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 22626/ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 226210 11. OTHER SIGNIFICANT CONDITIONS	Hem. >2 hours	INTERVAL BETWEEN ONSET AND DEATE
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OPERATION 19b. MAJOR FINDIN		20. AUTOPSY? Yes \(\text{No } \text{No } \text{Y}
PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	(STATE)
22. I hereby certify that I attended the deceased from all alive on Shrilm, 1951, and that death occurred at (Degree or title) 23. BURIAL, CREMATION DATE THEREOR, NAME OF CEMETE BEMOVAL (Specify) 23. BURIAL (Specify) 24. BURIAL CREMATION DATE THEREOR, NAME OF CEMETE BEMOVAL (Specify) 25. BURIAL CREMATION DATE THEREOR, NAME OF CEMETE BEMOVAL (Specify)	ADDRESS ADDRESS ADDRESS LOCATION (City, town, or country)	ated above. DATE SIGNED
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	2) FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

302

1. PLACE OF DEATH- COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY) CITY (If outside corporate limits, write RURAL and grant of the corporate limits and grant of the corporate	
Washington MARYLAND Maryland Washington	22
Washing Washing	oton
	ive nearest town)
Town Hagerstown In Town Hagerstown	
HOSPITAL OR INSTITUTION OR 511 Manual and Association	
STREET ADDRESS 511 Maryland Ave. ADDRESS 511 Maryland Ave.	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED MAIDE FILEADERII	(Day) (Year)
(Type or Print) MAUDE ELIZABETH KENDALL OF DEATAPR. 13.	1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 18. DATE OF BIRTH 19. AGE last highbay If under	r I vear IIf under 24 hr
Female White WIDOWED DIVORCED Jan. 2511887 64 yrs. Months	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even If retired) INDUSTRY Own Home Hagerstown, Md.	COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0.023
George Itnyre Jennie Williams	
IF Was Downson Wood by H.C. Course Consens Mr. 18 INDOMESTIC	
(Yang Deckased Ever in C.S. Armed Forces: 16. Social Security No. (If yes, give war or dates of None Mrs Nellie F. Cooper, Hage	erstown, Mo
18. MEDICAL CERTIFICATION	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Coronary Orchescon (Thrombersis)	10mount
Immediate cause (a) Loronary Octobron (Thrombosis)	
/ Antecedent cause(s)	and a
Diseases or conditions, if any, (b)	may.
61 stating the underlying cause last	1200
(c) Claude mellelis	13 400
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Torribles Torribles Torribles	
Contracting to the death and the	
related to the disease or condition causing death.	The state of the s
	20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, : (CITY OR TOWN) (COUNTY)	Yes No R
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No 2
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY HOWICIDE INJURY HOW DID INJURY OCCUR?	Yes No E
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21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 7	Yes No (STATE) saw the deceased tated above.
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21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from 7	Yes No No (STATE) saw the deceased tated above.
21. ACCIDENT (Spacify) PLACE (Home, farm, factory, street, SUICIDE (Not office bldg., etc.) INJURY (COUNTY While at Not While Mork At work 1950, and that cleath occurred at SIGNATURE (Degree or title) 22. I hereby certify that I attended the deceased from 7	Yes No (STATE) Saw the deceased tated above. DATE SIGNED
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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

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ALGGERAL 1951

AMELAU V. S.

04182 Dr Bell

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

TOWN Hagerstown Hospital OR INSTITUTION OR STREET ADDRESS 1312 Oak Hill Ave 3. NAME OF DECRASED (Type or Print) LAXINII I N WIDOWED HOSE TIES 6. COLOR OR RACE Winter Winter Winter Winder Winter Winder Wi	tes, write RURAL and give nearest town) town (If rural, give location) Ck Hill Ave DATE (Month) (Day) (Year) DEATH APT 8 1951 19 Eliast birthday If under 1 year Hours Min To country) 12. CITIZEN OF WHAT TO SHATTEY?	COUNT Washington MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 1312 Oak Hill Ave 3. NAME OF DECRASED (Type or Print) MAXIVILIAN MICHAEL (Month) MAXIVILIAN KIESEWETTER MALE White WIDOWED THORCED, (Special Fill and COUNTY) MONTH APPROVED IN MORE (State or foreign country) MONTH APPROVED IN MORE (STATE IN MORE I	COUNTWASHINGTON CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR			
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Manager Antietam Paper Co New York New York USATE 13. FATHER'S NAME	York USA TEXT	Manager working met of working met of work New York New York USATTEN?	10a. USUAL OCCUPATION (Give kind of work 10b. KINT	ND OF BUSINESS OR 11. BIRTHPLA	ACE (State or foreign country) 12. CITIZEN	OF WHAT
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Male White WIDOWED DIVORCED, Nov 9 1885 65 ym. Months Days Hour Country Countr	Montha Days Hours Min (2) The country 12. CITIZEN OF WHAT USATE 17	Male White WIDOWED DIVORCED, Nov 9 1885 65 yrs. Months Days Hours Mir (Specific Tried of Work 10s. USUAL OCCUPATION (Give kind of work 10s. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT MANAGET Antietam Paper Co. New York New York			DEATH APT 8 1951	19
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STREET ADDRESS 1.51.3 Jak Hill Ave 3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE OF DECEASED (Type or Print) 1/4 XII II N (Month) (Day) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, NOV 9 1885 65 yr. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF New York New York 13. FATHER'S NAME	OATE (Month) (Day) (Year) DEATH Apr 8 1951 19 E last birthday If under 1 year If under 24 hr Montha Days Hours Min To country) 12. CITIZEN OF WHAT	STREET ADDRESS 1.513 Ock Hill Ave 3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) (Type or Print) 14 XII II IN KIESEWETTER DEATH Apr 8 1951 19 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH Nov 9 1885 65 yrs. Months Days Hours Mir (Special Filed Nov 9 1885 65 yrs. Months Days Hours Mir done during most of working life, even if retired) Industry 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT MANAGET And The Lamburg Color of What Days 12. CITIZEN OF WHAT MANAGET And The Lamburg Color of What Days 12. CITIZEN OF WHAT MANAGET AND THE COLOR OF WHAT DAYS TO THE		A D D D D D D D D D D D D D D D D D D D	(If rural, give location)	
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TOWN Hagerstown Hospital OR INSTITUTION OR STREET ADDRESS 1312 Oak Hill Ave 3. NAME OF DECRASED (Type or Print) LAXINII I N WIDOWED HOSE TIES 6. COLOR OR RACE Winter Winter Winter Winder Winter Winder Wi	(If rural, give location) (If rural, give locat	TOWN Hagerstown Hospital OR INSTITUTION OR STREET ADDRESS 1313 Oak Hill Ave STREET ADDRESS 1313 Oak Hill Ave 3. NAME OF DECRASED (Type or Print) MAXINII IN Control of the control of th	HOSPITAL OR	LENGTH OF STAY CITY (If ou		own)
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VS. A15



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

	CERTIFICAT		1408	Dist. No.	-
1. PLACE OF DEATH- COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (R STATE MARYLA	ND	COUNTWASHING	GTO
OR give TROERSTOWN	RURAL and LENGTH OF STAY	OR HAGER	STOWN	AL and give nearest town	1)
HOSPITAL OR INSTITUTION OR WASHINGTO	ON COUNTY HOSPITA	STREET ADDRESS 13 B	URGER AV	ocation)	
3. NAME OF DECEASED (Type or Print) JOHN	HENRY	KINDLE	4- DATE OF A	PRIL 23	(Year) 19 5
MALE 6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOMPRED, (Spanny) RILLORGED,	12/24/1888	9. AGE last birtbday 62 yrs.	If under 1 year If under Months Days Hours	er 24 hr
done during most of working life, even if reti HOUSE. PAINTER	mod) Tamesome V	II. BIRTHPLACE (State of TING MARY		12. CITIZEN OF COUNTRY?	WHAT
3. FATHER'S NAME SIMON KINDLE		KATHERINE			-
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, new onknown) (If yes, give war or deservice)	ates of 220-05-6227	MRS. MARIE	ADDRESS	HAGERSTOWN	, M
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITION. Conditions contributing to the death but related to the disease or condition causing	Cencer of mes	reuneria Listenim ui	th ruetes		ntle
19a. DATE OF OPERATION 19b. MAJ	OR FINDINGS OF OPERATION			Yes D	
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TIME (Month) (Day) (Year) (Hot OF INJURY	ur) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OC	OUR?		
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY Washingto	n	MARYLAND	2. USUAL RESIDENCE (H	- (COUNTY Wash.
	ts, write RURA		CITY (If outside corpora OR Hagerst		and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 52	S. Po	tomac St.	STREET ADDRESS 122 N.	(If rural, give local Locust St	
DECEASED Hill (Type or Print)	ret) Pam	(Middle)	(Last) Kretzer	of DEATH Apr	
Male White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLOWED	5/25/65	85 yrs. 1	funder 1 year If under 24 hrs. Months Days Hours Min.
done during most of working life, can have a life to make i	e kind of work ven if retired)	10b. KIND OF BUSINESS OR INDUSTRY OF SAN WORKS	Maryland		COUNTRY S A.
George W. I			Elizabeth		
15. WAS DECEASED EVER IN U.S. (Yes. no. or unknown) (If yes. give	ARMED FORCES	1 16. SOCIAL SECURITY No. 1 220-1.0-3433	Mrs. Mabel N	Moore Hager	. Locust St.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS	DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) G	unshotwound thi	rough skull (s	suicide)	**************************************
Antecedent cause(s' Diseases or conditions, if	any, (b)			######################################	
164 c stating the underlying ca	use last				
II. OTHER SIGNIFICANT CON Conditions contributing to the related to the disease or conditi	leath but not	h.			
19a. DATE OF OPERATION NONe	19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY!
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUT CAUSE OF DEATH.	ING PLAC	CE (Home, farm, factory, street, office bldg, etc.) RY 112 SON1 C Temp	le Hagerstown		OUNTY) (STATE)
	ear) (Hour)	INJURY OCCURRED	How DID INJURY OC	CUR?	
22. I certify that I took chare	ge of the remarks		Autopsy . Inspection	Inquiry thereo	n and from the evidence
from: natural causes	, accident [], suicide [], homicide [], (Degree or title) CAL E	undetermined [].	Potomac St	
23. BURIAL, CREMATION D	ATE THERE	WASH, CO., MD	Hagers	ocation (City, town,	4/11/51 or county) (State)
REMOYAL (Specify)	/12/51	Rose Hill	Cemetery	Hagerstown	, Md
DATE REC'D BY LOCAL R	EGISTRAR'S	113 severe,	24. FUNERAL DIRECTO	ment Ho	agerstown Jag
					0510246

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 302

2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH. Marvland Wash for ton MARYLAND CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in 6thisy place) give nearest town) stown Hagerstown TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS 3C3 East Wilson Blvd ADDRESS 303 East Wilson Blvd 3. NAME OF (Middle) (First) (Last) (Month) (Year) DECEASED ELLIOTT C LONG 1951 (Type or Print) DEATH ADT 9. AGE isst hirthday | If under I year | If under 24 hrs. | Montha | Days | Hours | Min. 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX White Male Dec 2 1875 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Watchinan City Equipmen t Bull COUNTERA Downsville Wash. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Long Susan Rover 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of Mrs Anna Mary Long 314-09-6441 18. MEDICAL CERTIFICATION 303 East Wilson Blva INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Hagerstown Md ONSET AND DEATH Cardio-lascular & 645azs Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No 🗆 21. ACCIDENT SUICIDE (CITY OR TOWN) (Specify) PLACE (Home, farm, factory, street, (COUNTY) (STATE) office bidg., etc.) HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 1967, to 7, 1957, that I last saw the deceased 22. I hereby certify that I attended the deceased from. alive on..... MGNATURE (Degree or title) ADDRESS DATE SIGNED F. MULLIFILLING SAM CTOR D. MILLER Macheston a, Mo. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Hagerstown Cemeterv 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Coffuan wagerstown Andrew K.

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of information carefully death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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Hagerstown

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 302

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	TY Was O.
MARYLAND MARYLAND	1710.	ar and
CITY (If outside corporate liftits, write RURAL and LENGTH OF STAY OR give mearest town) (in this place)	CITY (If outside corporate limits, write RURAL and OR	give nearest town)
TOWN FRANKSTICON	TOWN Hoomsteen	
HOSPITAL OR INSTITUTION OR CALL	STREET ADDRESS 805 (If rural, give location)	^
STREET ADDRESS 805 MARY AND AVE.		ane
3. NAME OF (First) (Middle)	4. DATE (Mooth)	(Day) (Year)
(Type or Print) Olegan Olliania	DEATH Chang	6 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEL DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday II uod	er 1 year If under 24 hrs.
Ferrale White WIDOWED DIVORCED, (Specify V) Jour.	11 EDY 12-1868 8 3. yrs.V	
done during moso of working life, even if retired) INDUSTRY	11. BRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at heme! (White	Wash. Ca mg.	u.s.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Dans mydu	Clesabeth Ross.	
15. Was Deceased Ever In U.S. Anned Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give were or dates of	17. INFORMANT AND ADDRESS	
no leervice) 170hc	MRS MARY Eikelbergor	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Queanaux E	sechesias	24 Runs
450 Antecedent cause(s)	14400	10 400000
Diseases or conditions, if any, (b) giving rise to the above cause		
GHO stating the underlying cause last		Y
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🔼
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
Q1.0 2	C CO O	
22. I hereby certify that I attended the deceased from	19.51., to 2	saw the deceased
alive on Sus 5, 195, and that death occurred at.	2	stated shove
SIGNATURIO (Degree or title)	ADDRESS	DATE SIGNED
May Significant of the second	F200; - '0 D	4/6/51
The stranger of M. W.	8) William Soul	1-101
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
02/2001: 1(75/2 4.1951 11026 FI.1)	Cemelery / Hagerstown	mu
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Upon TITO CONOMY JOURN	ANDEEN KLOFFMAN.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

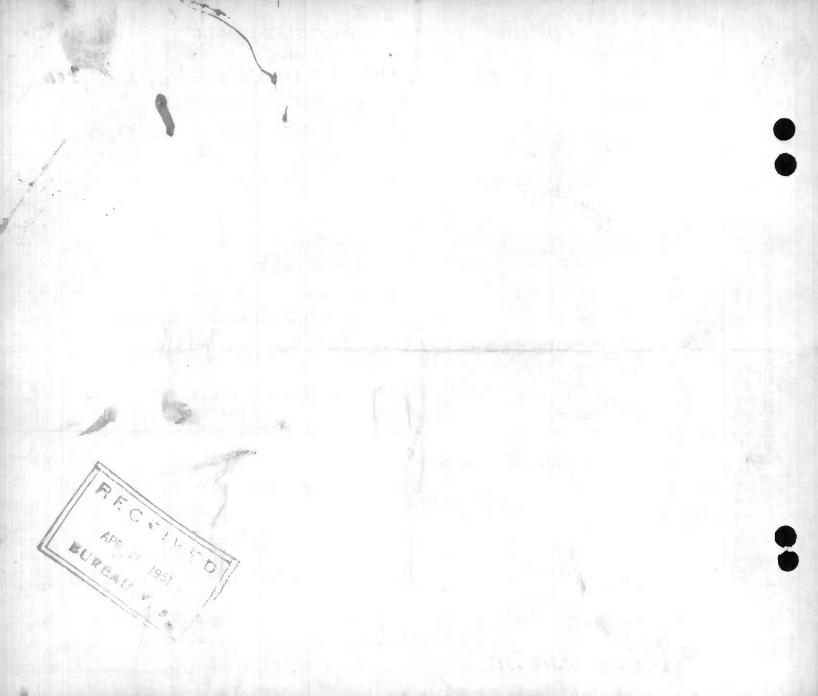
eg. Dist. No. 3.66

		iteg. Dist.	4,
1. PLACE OF DEATH Washington MARYLAND	2. USUAL RESIDENCE (HO STATE		NTY Washington
CITY (If outside corporate limits, write DORAL and OR give nearest town) (in this place)	CITY (If outside corporate OR TOWN	ife write RURAL and	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lettersburg and	STREET ADDRESS	(If rural, give location	1)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last)	4. DATE (Month) OF DEATH Abril	(Day) (Year)
Male Scholor OR RACE SINGLE, MARRIED, WIDOWED DIXORCED, Specify)		AGE last birthgay If un	der I year If under 24 hrs. ths Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR done during most of working litereves if retired) INDUSTRY	BIRTHOLACE (State or fo		12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	Pilott	-
15. WAS DECRASED EACH IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) 173-03-1631	Mrs. Clair Ike	ompoon Les	terchurg ma
18. MEDICAL CEI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	1 1	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cere bree liqu	orrhage		**************************************
4/20.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	olic heart dis	ease	***************************************
II. OTHER SIGNIFICANT CONDITIONS	ized orteriosel	Peroris	
Conditions contributing to the death but not related to the disease or condition causing death.			1115
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TO	WN) (COUN	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the deceased from January	1, 1949, to Gril 6	., 1957, that I las	at saw the deceased
alive on 45, 5, 1957, and that death occurred at (Degree or title)	ADDRESS from the ca	uses and on the date	e stated above. DATE SIGNED
Walter & Wolfinger M. A 23. BURIAL CREMATION DATE/HEREOF, NAME OF CEMETER	Way restor	O Pennico	4-7-51 ounty) (State)
REMOVAL (Specify) DATE REC'D BY LOCAL RECASTRAR'S SIGNATURE	24. FONERAL DIRECTOR	exterolung 11	ashington md
RECORDER ST Seo. W. Francon	Walter of	Grand h1.	and a land of the

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



WILTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

The correct age

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 3.0.5

1. PLACE OF DEAT	111.		2. USUAL RESIDENCE (I	HOME) OF DE	EASED.	
	shington	MARYLAND	STATE Marvla	ind	COUNTY	Wash.
CITY (If outside c	orporate limits, write RUR		CITY (If outside corpor OR.	ate limits, write I	RURAL and give	nearest town)
TOWN Rure	T-Boonsboro	(In this place)	Town Boonsb	oro R. I	f. D. #1	
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS	(If rural, g	rive location)	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print)	Lester	David	Maphis	OF DEATH	april.	25 451
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		hday If under f	year If uoder 24 hrs
Male	White	WIDOWED DIVARCED,	June26ml903	47	yra. Months	Days Hours Min.
done during most of w	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTREATM	Winchester.		12. TC	CITIZEN OF WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		,,,,	-
	William Mar	his	Virgi	nia Ride	enour	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY No.	17. INFORMANT AND A	DDRESS		
No. or unknown)	(If yes, give war or dates of service)	None	Mrs. Vesta	B. Maph	nis	
		18. MEDICAL CE				
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
		N/	107		7 7	
Immediat	e cause (a),	Hemorrhy	e Tash	in rel	cu/	13 muse
540.0 Anteceder	nt cause(s)					
Discourse on	annellalana If anna (b.)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		**************************************		10 00 00 00 Name of the Company of t
117 a giving rise to	o the above cause inderlying cause last					
	(c)					
Conditions contribu	CANT CONDITIONS					
	se or condition causing deat RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY?
21. EXTERNAL CA	USE WAS PLAC	CE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	Yes No (STATE)
PRIMARY OR CO	ONTRIBUTING OF	office bldg., etc.) IRY			(0001111)	(311111)
OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CURY		
INJURY	m. 1	work at work				
22. I certify that I	took charge of the remain	ins described abave, held an A	Autopsy Inspection -	- Inquiry	thereon and for	rom the enidence
obtained by said	d Autopsy, Inspection or	Inquiry, find that said dece	ased died on the dry state	d above, and d	eath in my a	pinion resulted
from: natural	causes -, accident	, suicide , homicide],	undetermined .			Dimi diana
SIGNATURE	210 1	(Degree or title)	ADDRESS	- 20 .		DATE SIGNED
An il	w. suns f.	Cupm	Hererston	My	7	125/51
23. BURIAI, CREM.	ATION DATE TUERED	F NAME OF CEMETE	RY OF CREMATORY I	LOCATION (City	, town, or county	(State)
REMOVAL (Spre	4-28-51	Butler's				
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	Near Mar	Valuation to Value	ADDRESS
REG Doul .2"	7. 1951 Jahr	H. (Day		nshaw-Ke		
The second secon				The state of the s	Carried Table 1	and the last of th

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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7:25 PM

					keg. Dist. N	0
1. PLACE OF DEAT	H. SHINGTON	ACA DELY AND	2. USUAL RESIDENCE (STATE MARY		EASED. COUNT	YWAS N INGTO
CITY (If outside	corporate limits, write RURA	MARYLAND LENGTH OF STAY (in this pipe)	CITY (If outside corpor OR TOWN RUR.	nte limits, write I	ERSTOW	ive negrest town)
HOSPITAL OR	RWASHING TON	COUNTY HOSP.		GERSTOWN	rive location)	#6
3. NAME OF DECEASED (Type or Print)	(First) LAUREN	(Middle) RAY	(Last) MARTIN	4. DATE OF DEATH	(Month) APRIL	(Day) (Year) 19 19 5
MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED THURED, (Specify) STNOLE	8. DATE OF BIRTH 1/8/51	9. AGE last birt	hday If under Months	I year If under 24 hrs Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	MARYLA	_		2. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HENRY	I. MARTIN		14. MOTHER'S MAIDEN IVA E	SHLEMAN		
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES' (If yes, give war or dates of service)	1 16. SOCIAL SECURITY NO. NONE	MR. HENRY I	ADDRESS MARTIN	HAG	ERATOWN
1190 Diseases or giving rise stating the	te cause (a)	Bastra	tento a	ute		2.4 hrs.
related to the dise	uting to the death hut not ase or condition causing deat					
19a. DATE OF OPI	RATION 196. MAJOR F	INDINGS OF OPERATION				Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	rown)	(COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby cer alive on SIGNATURE	tify that I attended the	d that death occurred at	2 i 25 p. m., from the ADDRESS			





2411 N. Charles Street, Baltimore

	CERTIFICAT	TE OF DEAT	H B	Reg. Dist. N	0. 302	
I. PLACE OF DEATH- COUNTY Washington CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN Hagers to HOSPITAL OR INSTITUTION OR	Wn (in this place)	2. USUAL RESIDENCE (H STATE Maryl CITY (If outside corpora OR TOWN MARKET ADDRESS	and	COUNT	Washing	to
STREET ADDRESS Washington 3. NAME OF DECEASED (First) DECEASED Henry 5. SEX 6. COLOR OR RACE MR 1e White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DET DET	(Middle)	(Last) PUCK S. DATE OF BIRTH JULY 11, 1888 11. BIRTHPLACE (State of West Virginia)	62 r foreign country)	yrs. Months		Min.
13. FATHER'S NAME JOHN F. Mai C. 15. Was Decrased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of the control	K ? 16. SOCIAL SECURITY NO.	Mary Rose 17. INFORMANT AND Anna G. Mauck	NAME braugh Address	ansvil	le, Md.	
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	ant 1	offent for	ustral		Jodges	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR I 21. ACCIDENT (Specify) PLAS SUICIDE HOMICIDE INJI	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN)	(COUNTY		Y? Ioce
TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the alive on 19/1/1, 19, an	injury occurred at Work Not While was Not While was Not While was Not While work at work at work at work at the deceased from the courred at (Degree or title)	' /	(Z., 19, t			
SIGNATURY: 23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify) DUT121 DATE BEC'D BY LOCAL REGISTRAR'S REGISTRAR'S	NAME OF CEMETE	Tersta Ary	ocation (City, tate Li	town, or cour	nty) (State	

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

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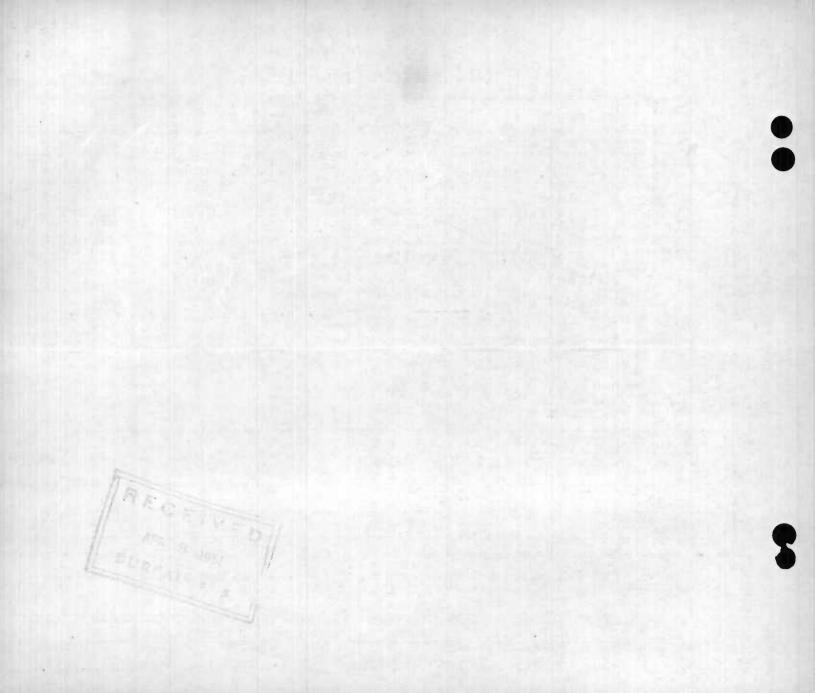
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CERTIFICAT	E OF DEATH Reg. Dist. N	0. 30 2
1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNT	Wash.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Hagers town (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 N. Potomac St.	STREET (If rural, give location) ADDRESS 210 N. Potomac St.	
3. NAME OF (First) (Middle) ReLMON Frederick	Miller 4. DATE (Month) OF DEATH Apr.	(Day) (Year) 1951
	Apr. 2,1869 9. AGE last birthday If under Montha	l year If under 24 hrs. Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work dane diwing most of working life, even if refired) Tilling battlon Att. 12. PATHER'S NAME	Near Reid Md.	2. CITIZEN OF WHAT
Levi Miller	14. MOTHER'S MAIDEN NAME Sarah Reynolds	*
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	Mrs. C.L.Garver Hag.	Md.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- No + Arenal	ONSET AND DEATH
Immediate cause (a)	: IteM bocase	240
420.0 Antecedent cause(s) Diseases or conditions, if any, (b)	,——	2
73 destating the underlying cause last (c)		** *** *** *** *** *** *** *** *** ***
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No T
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	19 49 to 1801 2 1917 that I lest.	now the deceased
	• •	
alive on 1991, and that death occurred at SIGNATURE (Decree or title)	address	tated above. DATE SIGNED
Phily Milleman West	Holl from they	4/6/57
REMOVAL (Specify) Apr. 8,1951 Luthern		Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Scott F. Minnich & Son Ha	ADDRESS

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

		1
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	//
(Carriery MARYLAND	Mary Eaul Nas	4.
CITY (If outside corporate limits, write RURAL and OR give nearest town (1) (in this place)	CITY (If outside comporate limits, write RURAL and give nearest to OR TOWN	own)
HOSPITAL OR INSTITUTION OR ROLL KINK WELL	STREET ADDRESS Paul Know hell Md.	
3. NAME OF DECEASED (First) (Middle) (Type or Print) William Franklin	Moss 4. DATE (Month) (Day) OF DEATH 4-26	(Year)
Male 6. COLOR OR RACE 7. STATUS, MERRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 2 year If under	nder 24 hrs ours Min.
10a. USUAL OCCUPATION (Give kind of work down during host a working life, went retird) by ustra. R.R.	11. BIRTHPLACE (State or to geign country) 12. CITIZEN COUNTRY?	OP WHAT
13. FAMILES H. Musa	6 legaseth Holmes	1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SQCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give year, or dates of 705-07-7725	Mrs. Unice Calderie Munday Kunguille No	d
18. MEDICAL CEI	RMFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET A	BETWEEN DEATH
Immediate cause (a) Cerebral Ke		by
giving rise to the above cause	twens replints	
/3/a stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUT	OPSY?
	Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STA	ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
INJURY m. Work At work	1015 (to 4/2 6 105 (that I last any the d	
22. I hereby certify that I attended the deceased from \mathbb{Z}/\mathbb{Z} 1	5 0	
22. I hereby certify that I attended the deceased from \mathbb{Z}/\mathbb{Z} 1	m., from the causes and on the date stated above	
22. I hereby certify that I attended the deceased from Z/21	ADDRESS DATE ADDRESS DATE WWW. 127	ve. signed
22. I hereby certify that I attended the deceased from Z/21	ADDRESS DATE ADDRESS DATE PLANNING WIGHT OF COUNTY THE OR CREMATORY LOCATION (City, targe, or county)	ve. SIGNED
22. I hereby certify that I attended the deceased from Z/Z1	ADDRESS DATE ADDRESS DATE WWW. 127	ve. SIGNED

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2411 N. Charles Street, Baltimore

OPPTIPIOATE OF DEATH

GERTIFICAT	Reg. Dist.	No. 200
1. PLACE OF DEATH.	1 2. USUAL RESIDENCY (HOME) OF DECEASED	
COUNTY Washington MARYLAND	STATE MA COUN	Moreleconer
CITY (If outside corporate limits, write RURAL and OR givo nearest town) (in this place) TOWN (A SCACE	CITY (If outside corporate limits, write RURAL and OR TOWN Sermanlows	give nearest lown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PILELE HOSPITAL	STREET (If rural, give location) ADDRESS	/
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) FOSTER MOMAS 5. SEX 6. COLOR, OR DACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last hirthday II und	
Male white WIDOWED, DIVORCED (Specify) Surge	1 sec25, 1880 65 yrs.	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY	41. BIRTHHLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	4
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carecuoma of &	returne melastares	Sucues
Immediate cause (a)	The last of the la	000
/57/ Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION	11 +0.	20. AUTOPSY?
6/6/50 Caremony of rechemo	emelaslases la liner	Yes No 2
21. ACCYDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?	
	- 5 O. L	
22. I hereby certify that I attended the deceased from Man 1.3		
alive on 1950, and that death occurred at SIGNATURE	ADDRESS	DATE SIGNED
Thomas M. Urrungton M. D.	Viletue Hate frosp, Case	rade mo
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETIC PEMOVAL (Specify) 4/14/5/ September 1997	ERY OR CREMATORY LOCATION (Gity, town, or co	State) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE,	24. FUNERAL DIRECTOR	ADDRESS

Dep Land Regention

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

Dr _m Lawnman

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 302 I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED Washing ton
CITY (If outside corporate limits, write RURAL and Maryland Washing ton MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) town Hagerstown TOWN HOSPITAL UR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS No. Locust St. No. Locust St. 3. NAME OF (First) (Middie) (Last) 4. DATE (Month) (Day) (Year) DECEASED WILBUR PRESLEY POPE 1951 DEATH April (Type or Print) 19 7. SINGLE, MARRIED, WIDONED, DIVORCED, (Specifying 1 C 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs Months [Days | Hours | Min. Male 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Pattern Maker

13. FATHER'S NAME INDUSTRY, Hagerstown Md. Randolph Pope Zepora Ridgley 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | I6. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 214-09-1398 William E. Ridglev 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🖂 No E 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? Not While While at INJURY Work | At work 22. I hereby certify that I attended the deceased from O ... 195/, to that I last saw the deceased 8:50Pm., from the causes and on the date stated above. from 30 19.5/, and that death occurred at.... alive of SIGNATURA (Degree or titie) DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF LOCATION (City, town, or county) BULL (Specify) Rose Hill Demetery Hagerstown Md 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL Andrew K. Coffman Hagerstown Md

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of information carefully death clearly and legibly. Supply every item write the causes of MARGIN RESERVED INK. PLAINLY, WITH UNFADING sespecially important. Physicians:

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The correct age

2411 N. Charles Street, Baltimore

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GERTIFICAT	E OF DEATH Reg. Dist. No.	, 300
1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md . COUNTY	Wash.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN RUFAL Clear Spring 10 yrs	CITY (If outside corporate limits, write RURAL and give on nural clear Spring,	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairview Road	STREET Fair view Road	
3. NAME OF DECEASED (First) (Middle) (Type or Print) John Allen Repp	(Last) 4. DATE (Month) OF April	(Day) 1951 17, 1951
S. SEX Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILDOWED	Feb. 3, 1875 76 yrs.	1 year II under 24 hrs Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business on Industry Lacorer 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12 Wash. Co. Md. [14. MOTHER'S MAIDEN NAME	COUNTRY?
David Repp	Susan Thompson	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war to dates of 219-20-2859	17. INFORMANT AND ADDRESS Clear	Spring Mi
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of the	Stomach	Unknowr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Old Tuborcule		77 OF 67 OF CASE A COMMON TO SERVICE A COMMON
Constitution of the state of th	osis, pulmonary, healed nemia, severe	unknown
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
None 21. ACCIDENT SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE HOMICIDE SPECIFY OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No X (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-29- alive on 3-12-51, 19, and that death occurred at 8: SIGNATURE (Degree or title)	O.O. Pm., from the causes and on the date standard ADDRESS	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify)	Walley Cem. Location (City, town, or count, Valley Cem. Clear Spring	-19-51 y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIONAFURE 1	Farne Tarland	lear Orna

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Dr wells

23

	FOR MEDICAL	EXAMINERS	Re	g. Dist. No	302
I. PLACE OF DEATH- COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEA	sed. shfnytor	1
OR give nearest town) TOWN Hagers town	and LENGTH OF STAY	OR Hag	erstown	RAL and give n	nearest tuwo)
	ranklin St	STREET ADDRESS 424 T	(If rural, give West Fran		5
3. NAME OF DECEASED (First) (Type or Print) JESSE		(Last) DES	4. DATE (OF DEATHAPT		Day) (Year) 951 19
Male 6. COLOR OR RACE 7	SINGLE, MARRIED, WIDOWED, DIVORCED, CRECOWET	s. DATE OF BIRTH Jany 27 1873	9. AGE last birthds	ay If under 1 ye Mooths D	
don usual occupation (Give kind of work of the during most of gording life aggent if critical) or coman he tired has erstow	Oh KIND OF RUSINESS OF	Big Spring		12. 0	CITIZEN OF WHAT
Jacob D. Rhodes		Sophie Mo	oore		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 220-30-9708	Ralph B. R			
1. DISEASES OR CONDITIONS DIRECTLY LE	EADING TO DEATH Hypertensive			I	NTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	*	heat disease	010		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FIN	IDINGS OF OPERATION				Yes N
CAUSE OF DEATH.	(Home, farm, factury, street, office bldg., etc.)	(CITY OR T		(COUNTY)	(STATE)
OF none W	NJURY OCCURRED Work At work at work	HOW DID INJURY OCC	UR?		
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes , accident , SIGNATURE	nquiry, find that said decede suicide , homicide , (Degree or title) DEPUTY MEDICAL E) WASH CO., MD.	undetermined	d above, and dead	in my opi	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF BEMOVAL Specify 4/11/51 DATE REC'D BY LOCAL REGISTRAR'S SM	NAME OF CEMETER St Pauls	Cemetery 1	ocation (city, to near Clea	rspring	(State)
apr.10,1951 6host	Nowers	Andrew K. Co:			ADDRESS Md

VS. A15A

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



The correct age

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

I 2. USUAL RESIDENCE (HOME) OF DECEASED:	
STATE POUNTS	
CITY (II outside cornectic limits with BYPA)	mater
II OR A	ve nearest town)
	ral
ADDRESS (If rural, give location)	0 1
Keedysulle Md.	R.
(Last) 4. DATE (Month)	(Day) (Year)
	5 . L95/19
8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs
Months	Days Hours Min.
	CITIZEN OF WHAT
O A WA T A	COUNTRY?
1 14. MOTHER'S MAIDEN NAME	U-S.A.
mas. <0:10	
10 70 3	
	1d. Kil
RTIFICATION	T
	INTERVAL BETWEEN ONSET AND DEATH
***************************************	4 days
/	1
tachle	1 march
7	
V	1) -11
	1 mant
	11 -el
	1 nearly
	20. AUTOPSY?
	Yes No
(CITY OR TOWN) (COUNTY)	(STATE)
HOW DID INJURY OCCUR?	
19 1, 19 1, to Bear 1, 19 1, that I last so	aw the deceased
300	
	ated above.
ADDRESS	DATE SIGNED
Toousleans. md.	
RY OR CREMATORY LOCATION (City, town, or count	y) (State)
one Cernity Locust Drow Was	h. Co. md
24 FUNERAL DIRECTOR 24 FUNERAL DIRECTOR Day 1 Sons	ADDRESS
	CITY (If outside corporate limits, write RURAL and give for the first of the first

REGETVED APR 20 1951 BUREAU V. S.

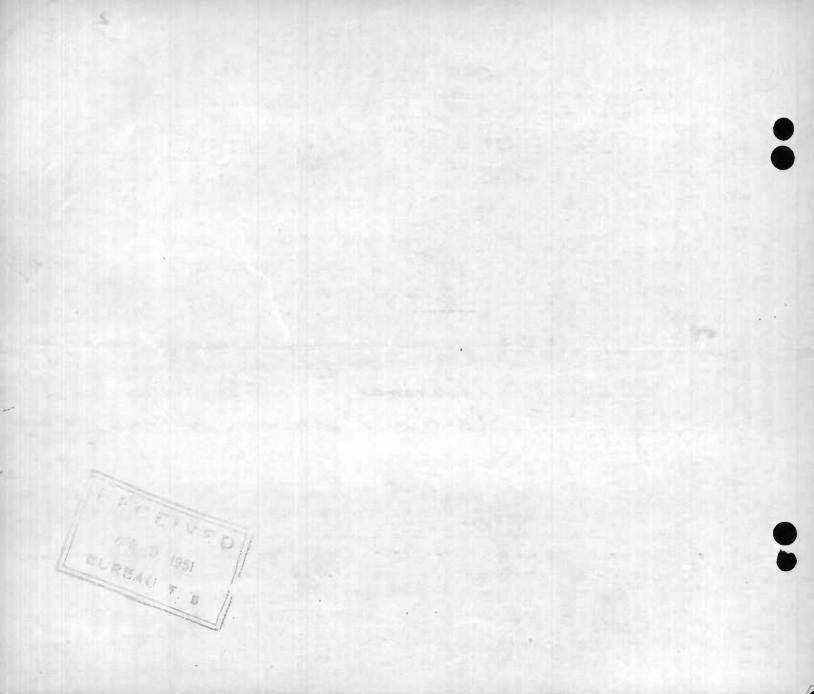
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 30 I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Wash COUNTY Washington STATE Marvland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) Hagerstown (in this place) Hager st own TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 28 E. Washington 28 E. Washington 3. NAME OF (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED Virginia Schindel Leah DEATH April 1951 (Type or Print) 6. COLOR OR RACE 9. AGE last birthday | If under 1 year | If under 24 hrs 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH White WIDOWED DIVORCED Montha J June 18.1882 Days | Hours | Min. Female 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? None Hagerstown Me . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin L. Schindel Ida Artz 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ABMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of Mr. H.A.Schindel Hag. Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 1-2-51, 19, to 4-2-51, 19, that I last saw the deceased (Degree or titie) DATE SIGNED Washington St. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION LOCATION (City, town, or county) (State) REMOVAL (Specify) Rose Hill Cemeterv DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son

FOR BINDING ly every item the causes of d Suppl MARGIN RESERVED INK. UNFADING t. Physicians: PLAINLY, WITH US especially important. 国 WRIT PLEASE

correct

of information carefully.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEAT COUNTY			2. USUAL RESIDE	_		COUN	TY.	
	Washington	MARYLAND	£1.L	aryland		00011	TY Vashi	neto
OR give neares	corporate limits, write RURA	(in this place)	CITY (If outsid	le corporate lin	aits, write RUI	tAL and g	rive nearest to	own)
TOWN	Hagersto	wn 50 years	TOWN H	Hagerst	own			
HOSPITAL OR			STREET		(If rural, give	iocation)		
INSTITUTION O	ess Washington	Co Hognital	ADDRESS	235 S.	Daggara	1 04		
3. NAME OF DECEASED	(First)	(Middle)	(Last)		DATE (I	Month)	(Day)	(Year
(Type or Print)	Charles	Courtney	Seaman		DEATH Ang	ril	17.	195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIR	TH 9. A	GE last birthda	y If unde	er i year If u	nder 24 h
male	white	WIDOWED, DIVORCED, (Specify) Widowed	Nov. 1. 1	1885	65 ym	Month	B Days Ho	urs Mi
Oa. USUAL OCCUP	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE				12. CITIZEN	OF WHA
done during most of	working life, even If retired) Toreman	INDUSTRY					COUNTRY?	J.S.
3. FATHER'S NAM	Toreman	K. H.	MOTHER'S		(E		1	0.0.
s. FAIRENS NAM								
	James Seama		Nan1	le E. L	akin			
5. WAS DECRASED F	EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY No.	17. INFORMANT	AND ADD	RESS			
no, no, or anknown,	service)	none	John Sea	aman H	agersto	own.	Md.	
		18. MEDICAL CE					1	
							INTERVAL	BETWE
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH					ONSET A	ND DEAT
		Monhore	0				10	1
Immedia	te cause (a)	ragionisa		TO DE COMPANY PROMISE SERVED S				K
20. Antecede	ent cause(s)	0 +	/ .				/	
Diseases or	conditions, if any, (b)	arlencosc	lenosis					
giving rise	to the above cause		. 11	1 -1				*********
stating the	underlying cause last	M. son	~ 11 11 . 4	and like	100			
	(e)	Mydeara	a mi	SUCUO	201		1	
Conditions contrib	ICANT CONDITIONS outing to the death but not	Dialat	in Wall	10: til	2_			
	ase or condition causing deat		os me	cour.				
19a. DATE OF OPE	GRATION 196. MAJOR F	INDINGS OF OPERATION					20. AUT	OPSYT
							Yes 🗆	No E
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CIT	TY OR TOWN	1)	(COUNT)	Y) (STA	ATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJU	IDV OCCUPS				
OF (MICH)	(Day) (Tear) (Hour)	While at Not While	HOW DID INSC	oki occoki				
INJURY	m.	Work At work		1.				
		Con il	50	Punal	~/·			
22. I hereby cer	tify that I attended the	deceased from april	, 19.4.U., toL	yew,	19.0%, tha	t I last	saw the d	eceased
	inacol 17 = 51		n D .					
alive on	7 19.d., an	d that death occurred at		om the caus	es and on th	ne date s		
SIGNATURE	0 1 11	(Degree or title)	ADDRESS	-		/	DATE	SIGNED
11,01	real Unico	mystell 1110	100000	11/1/10	1m	20	11/1	0/2
1100		7	1 1 de 1900	000	91	/ 0	7/10	1/0
23. BURIAL, CREM REMOVAL (Spe	MATION DATE THEREO		U		FION (City, to		* *	(State)
Buria	T April 20	195 Rest Haven	Cemetery	Hag	erstowr	1. Md		
DATE REC'D BY		SIGNATURE	24. FUNERAL D	IRECTOR			ADDRE	ESS
181	951 BROWN	TI Devery	Fred V.	Kraiss	Hager	estow	n. lid.	
0			T P PEG	DI MILITA	110501	, O U OW	119 1100	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEAT COUNTY	H.		2. USUAL RESIDENCE	E (HOME) OF DECEASED.	
COUNTI	Nashington	MARYLAND	STATE Mary	l and cou	NTY ashington
OR give neares	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside cor	porate limits, write RURAL an	d give nearest town)
OR give neares	Hagersto	wn (in this place)	II UK	rstown	
HOSPITAL OR			STREET	(If rural, give location	n)
INSTITUTION O STREET ADDRE		ton Blvd.	ADDRESS 834	Hamilton Blwd	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Ellen	Elizabeth	Smith	OF DEATH April	30. 151
5. SEX	6. COLOR OR RACE	17. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last hirthday If un	ider I year If under 24 hrs.
female	white	WIDOWED, DIVORCED, (Specify) Single	March 25.18'		tha Days Hours Min.
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT
none during most of	working life, even if retired) e duties	OWn home	West Virg	inia	COUNTRY? U.S.
13. FATHER'S NAM	1E		14. MOTHER'S MAID		
	J. Henry S	mith	Anna Jo	ohnson	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AN	D ADDRESS	
no, or unknown)	(If yes, give war or dates service)	none	Mrs. A. Ray	Ruth Hagers	t own Pra
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	(was found draw	L INTERVAL BETWEEN
525211025 011 01				but soi due they	ONSET AND DEATH
Immediat	e cause (a)	! acute coronary . Hyproteus: ve C	reliesion \	Sudden.	/ Unknown
1-1		0			
	nt cause(s) conditions, if any, (b)c	Hyperteus: ve C	arctio rescula	4 Distant	10 80000
giving rise t	o the above cause				
93d stating the	inderlying cause last				9
IL OTHER SIGNIFIC	(c)				1
Conditions contribu	uting to the death hut not use or condition causing deat	ih.			
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No Y
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OI	R TOWN) (COUN	
SUICIDE HOMICIDE	OF	office hldg., etc.) JRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY	OCCURT	
OF INJURY	m.	While at Not While Work			
		210		1 = =	
22. I hereby cert	ify that I attended the	e deceased from 2/8	, 19.4/., to	1-30, 1951, that I ias	st saw the deceased
Alima A	4-6 1051 00		7.0		
alive on		d that death occurred at (Degree or title)	ADDRESS	ne causes and on the date	e stated above. DATE SIGNED
// .	stHom Ca	1 = 7 = 1 -	1	1 - 11	
				grow St. Stages	stown, mol
23. BURIAL, CREM REMOVAL (Spec BUT18	diy)			LOCATION (City, town, or c	ounty) (State)
		951 Rose Hill	Cemetery	Hagerstown.	aryland
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIREC		ADDRESS
			Fred W. Krai		wn,d.

2411 N. Charles Street, Baltimore

	CERTIFICAT	TE OF DEAT	H Reg. D	ist. No. 362
1. PLACE OF DEATH- COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED	OUNTY ashington
CITY (If outside corporate limits, write RUR OR givo nearest town) Hagersto	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A Shington		CONTRACTOR OF THE PARTY OF THE	(If rural, give loca	tion)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
DECEASED (Type or Print) 1.8X	Rohrer S	nodderly	OF DEATH Apr	
male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Jan. 28, 1886	65 VIII.	f under 1 year If under 24 hrs. fonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR LANDUSTRY COMPANY	II. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	7	14. MOTHER'S MAIDEN		
Daniel Snod 15. Was Decrased Ever In U.S. Armed Forces		Lillie Rol		
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes. no, or unknown) (If yes, give war or dates of the control of t	173-03-0528	Nellie G. Sno	address odderly Le	itersburg, Md.
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		occlusion		INTERVAL BETWEEN ONSET AND DEATH 8 days
94a giving rise to the above cause stating the underlying cause last (c)	Hypereusu			*/
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
ACCIDENTS (0	2D (1)			Yes (No [
SUICIDE OF INJU		(CITY OR T		UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
Huey Myleus	d that death occurred at (Degree or title)	Hagsoto		ate stated above. DATE SIGNED
REMOVAL (Specify)	5.1951 Rose H	ill Cemetery	Hagerstown	

Fred W. Kraiss

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

The correct

Hagerstown,

BURRALL SON SELD

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

eg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

S. Al5A

		FOR MEDICAL	EXAMINERS	Reg. I	Dist. No.	
1. PLACE OF DEATH COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (H		COUNTY Wash.	
OR give nearest to	rporate limits, write RURA	AL and LENGTH OF STAY (In this place)	CITY (If outside corpora OR Hacers	te limits, write RURAI LOWN	L and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	s 1628 Sher	rman A.e.	STREET ADDRESS 162	8 Sherman	Ave.,	
3. NAME OF DECEASED (Type or Print)	Carroll	(Middle) Herb er t	(Last) Souders	1 DMELLAL	ril 25 195:	
Male	White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) DOVOICED	July 14. 190	9 41 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.	
doubdaring most of wo	TION (Give kind of work prking life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY Africane	Hagerstown	n Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Hel	rbert Souder	rs	Effie J. Mo			
(Yesang or unknown)	ER IN U.S. ARMED FORCES? (If yes, give war or dates o service)	16. SOCIAL SECURITY NO. 01 214-09-2787	Herbert Soud	ers		
Digitages on Col	THE STREET	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN	
I. DINEASES OR CO.	NDITIONS DIRECTLY I		-1.7	. , ,	ONSET AND DEATH	
Immediate	cause (a)	Acare carbon	monoxide pois	oning (sur	cide/	
173./ Antecedent					MINISTER .	
1/ > a glving rise to	onditions, If any, (b) the ahove cause derlying cause last	19 POS vided a vida an 1 avons an a manusca anna a vicas ang manda vid vida da vida vida da vida vida da vida vi	0000 · · · · · · · · · · · · · · · · ·	5*************************************	PR 40 40 00 00 00 00 00 00 00 00 00 00 00	
	(c)					
related to the disease	ing to the death but not e or condition causing death					
19a. DATE OF OPER.	ATION 196. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?	
21. EXTERNAL CAUSE PRIMARY FOR CONCAUSE OF DEATH.	SE WAS NTRIBUTING PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	Hegerstown	own) (co	OUNTY) (STATE) Md.	
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCC	CIID?		
22. I certify that I t	look charge of the rema	ins described above, held an A	Autopsy . Inspection	Inquiry therec	on and from the evidence	
obtained by said	obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetayed he day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetayed he day stated above, and death in my opinion resulted from: SIGNATURE OATE SIGNED					
SIGNATURE	1). 00	(Degree OFFILETY WEL	DICADDRESS 115 N.	Potomac S	DATE SIGNED	
Silvoler.	7 mells		Hagerst	own, Md.	4/28/51	
23. BURIAL, CREMA' REMOVAL (Specify Burial	Apr. 30-	NAME OF CEMETER		OCATION (City, town, Myersville	, or county) (State)	
DATH REC'D BY LO			24. FUNERAL DIRECTOR Scott F. Mini	R	ADDRESS	

BURE 1957

P. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Norment

04203

CERTIFICATE OF DEATH

Reg. Dist. No. 302

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-		
countashing ton MARYLAND	wasnington		
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)	
Town Hagerstown	Town Hagerstown		
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)		
STREET ADDRESS 413 MCDOWell Ave.	412 McDowell Ave.		
3. NAME OF (First) (Middle) DECEASED CENEVITEIF DAVIC	CTOTIFR 4. DATE (Month)	(Day) (Year)	
(Type or Print) GENEVIEVE DRVID	STOTLER OF April.	14 1951	
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs.	
Female White (Specify) Married	June 17,1906 44 yrs. Months	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT	
The during most of working life, even if retired) INDUSTRY Own Home	Doubs Md.	COUNTRY? USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Samael H. Davis	Laura Carey		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS		
(Yes, no or unknown) (If yes, give war or dates of None	I saac Stotler		
18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
On to diletate	med of leave		
Immediate cause (a)	1010 0/ reduce.	15 minutes	
INIV	U	Δ	
Antecedent cause(s) Diseases or conditions, if any, (b)		MANNE	
giving rise to the above cause	Α		
336 stating the underlying cause last Droncho Spass	n - Post influence al astheria	19 days	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
TUNI		Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF INJURY m, While at Not While Work At work			
CO TILL SIGNATURE TO A STANDARD TO STANDARD TO	I SI (IDALINI SI		
22. I hereby certify that I attended the deceased from.	1951, to 400114, 1951, that I last sa	w the deceased	
alive on what it 1951, and that death occurred at	A.m., from the causes and on the date sta		
SIGNATURI (Degree or title)	ADDRESS	DATE SIGNED	
Panes in this in 19	the titans one your less the	M /M	
Milliamore like 11016.	or the top of the	1, / 10	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	y) (State)	
Burial (Specify) 4/17/51 Rest Hav		Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
aper 16.1951 Charty Joever	Andrew K. Coffman Hager	stown Md.	



The correct age

WRATE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly—

PLEASE

VS. A15

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dlst. No. 302

	Vashington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASES Maryland	COUNTY ashington
OR give nearest t	porate limits, write RURA own) Hagers tow	Land LENGTH OF STAY (ia this place) D YEARS	CITY (If outside corporate limits, write RURA) OR TOWN Hagerstown	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		leveland Ave.	STREET (If rural, give located and Street and Street are Street ar	
3. NAME OF	(First)	(Middle)	(Last) 14. DATE (Mor	
(Type or Print)	Roy	Ira	Stouffer DEATH ADI	
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		If under 1 year If under 24 hr Months Days Hours Min
done during most of wo	TION (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION C	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	0.0
Geo:	rge M. Stouf	fer	unknown	
	R IN U.S. ARMED FORCES	4	17. INFORMANT AND ADDRESS	
no	ervice)	1219-20-1896	Anna . Stouffer Hag	cerstown, Md.
		18. MEDICAL CE		
I. DISEASES OR CON	DITIONS DIRECTLY			INTERVAL BETWEEN ONSET AND DEATE
	(menant B	Celer x days.	3-4 day
Immediate	cause (a)			J-4 ady
Antecedent	cause(s)	lirinio Eu	Collection. Lo-Carditis. Elesosex	2
Diseases or co	nditions, if any, (b)	Witeria-	velenosex.	
The stating the uni				-
	ng to the death but not	V		
	or condition causing death	INDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (CO	Yes No DUNTY) (STATE)
	Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
INSULT		11/	195/, to 4/9 , 195/, that I	
22. I hereby certify	4		/	
22. I hereby certify alive onSIGNATURE	4		ADDRESS IN W. WASHINGTON ST.	date stated above. DATE SIGNED
alive on	19 7, and	that death occurred at (Degree or title) Wellow M. VICTO	ADDRESS AND W. WASMINGTON ST., RY OR CREMATORY LOCATION (City, town,	date stated above. DATE SIGNED
alive on	Tion DATE THEREO	that death occurred at (Degree or title) William PM. VICTO F NAME OF CEMETE 1997 Rose Hil	ADDRESS AND W. WASMINGTON ST., RY OR CREMATORY LOCATION (City, town, L1 Cemetery Hagerstown,	or county) Maryland
alive on	TION DATE THEREO	that death occurred at (Degree or title) William PM. VICTO F NAME OF CEMETE 1997 Rose Hil	ADDRESS AND W. WASMINGTON ST., RY OR CREMATORY LOCATION (City, town, 11 Cemetery Hagerstown, 24. FUNERAL DIRECTOR	date stated above. DATE SIGNED or county) (State)

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH O	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Warrel and Washing cetin
CITY (If outside corporate lights, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neapest town)
OR give nearest town) (in this place)	TOWN Hagerstown
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR Washington to Trospertal	ADDRESS 349 Pridge ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year
(Type or Print) Anna, May Strant	raugh DEATH 4 / 195
5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24
Flernale White WIDOWED, DIVORCED, (Specify) married	1 May 16-1892 58 yrs. Months Days Hours M.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH.
done during most of working life, even if retired) INDUSTRY	adams Po. Pa, Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Troft	Laral Watters
15 WAS DECRASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. JNFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	De male lest to all and Bile as
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
Immediate cause (a) Wronces	2-400
442 X Intillediate cause	
Antecedent cause(s) Diseases or conditions, if any. (b)	eroses indexe
3 giving rise to the above cause	A . A
stating the underlying cause last	101 (111) 20-11
(c)	ue (Deseare, "
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	escheric acoustured
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	A20 AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	notellitologic
DY ACTO (IV	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	WOW DID WINDY OCCUPA
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
and The standed the demand from Makel	A., 19.48, to Buseud., 19, that I last saw the deceased
22. I hereby certify that I attended the deceased from	ha., 19, to
alive on abrul 1., 195, and that death occurred at./	12:27 P.m., from the causes and on the date stated above.
SIGNATUR (Degree or title)	ADDRESS ROBERT F. KEADLE DATE SIGNED
177 771 10 non	132 W. WASHINGTON ST.
16 au 1 Coedle 11)	AND AND AND AND
	ERY OR CREMATORY HALOCATION (City, town, or county) (State)
13 11 real Elerit 7 19 / Flest Harris	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. N	0. 302
1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Franklini
CITY (If outside corporate illifits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR Washington County Nosfutal	STREET ADDRESS 35 W. Machine	in Str
3. NAME OF DECEASED (First) (Middle) (Type or Print) EYER M. S	TRICKLER OF DEATH WORTH	26 (Year) 26 195/
5. SEX 7 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Jan. 14, 1882 69 frs. Months	1 year If under 24 hrs. Days Hours Min.
done during most of working life, everylitetized Industry	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Trank 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	altha D. Spick	le .
(Yes, no, or unlocown) (If year, give war or dates of service)	17. INFORMANT, AND ADDRESS See	ensade ?
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Crebal A	aemostiage de	at 48 hrs
33 X Antecedent cause(s)	ofer in alongia	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	Yes No W O (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	~ 4	
alive on 25, 1957, and that death occurred at	DDRESS no, from the causes and on the date s	tated above. DATE SIGNED
The filland M.D.	Treesicable, Va.	apr 2651
RPMOVAD (Specify) and 29/51 Ceder (ERY OR CREMATORY LOCALDON (City, town, or coupling the control of	2 /2
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DERECTOR	ADDRESS

PLEASE WRITE VS. A15

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

	CERTIFICAT	TE OF DEAT	'H Re	eg. Dist. No. 32	PE
I. PLACE OF DEATH Washingto		2. USUAL RESIDENCE (R	HOME) OF DECEA	COUNTY Wash.	
CITY (If outside corporate limits, write RUR. OR give nearest town) Sharpsb			ate limits, write RU Brosburg	JRAL and give nearest to	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give	e location)	
3. NAME OF (First) DECEASED (Type or Print) Walter Leo		Stull	4. DATE OF DEATH	(Month) (Day) April 1	(Year)
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, SOLVERTED, (Specify)	s. DATE OF BIRTH Sept.26,1950	9. AGE last birthd	day If under 1 year If under 1. Year Hours.	nder 24 hi
done during most of West tie, even if retired)	10b. KIND OF BUSINESS OR INDUSTRIONE	Hagerstown.	or foreign country) Md	12. CITIZEN COUNTRY?	OF WHAT
Walter Leo Stu	11	Sara Rowe	NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, 17 or unknown) (If yes, give war or dates of dervice)	7 16. SOCIAL SECURITY NO. None	Miss Sare	a Rowe	. Feel)	
Immediate cause (a) 726, O Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Pres	nelmy		privation of 3-51 - ams)	food.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION 1 19b. MAJOR F		1			
				20. AUT	No X
SUICIDE HOMICIDE OF INJU		(CITY OR	OWN)	(COUNTY) (STA	.TE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
SIGNATURE 23/ BURIAL, ØREMATION DATE THEREO REMOVAL (Specify) April 2	that death occurred at (Degree 100) (D	ADDRESS From the ADDRESS ERY OR CREMATORY	causes and on to	lle, Md. R.	e. SIGNED (State) F D
DATE REC'D BY LOCAL RECEPTRAR'S	SIGNATURE SELECTION OF THE SELECTION OF	R. I. Earnsh	R law -Keed	vsville. Md	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No)•
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME), OF DECEASED	
Washing TON MARYLAND	STATE Mary land COUNTY	12-14
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR gree pearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN LIEST SOTING KNING 40	TOWN HANCOCK	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS	ADDRESS High Street	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Katherine Brooke	Taylor DEATH ADTIL	11 7
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED	8. DAYE OF BIRTH 9. AGE last birthday If under	195/ 1 year If dnder 24 hrs.
Temale White WIDOWED, DIVORCED, (Specify) Widowed	1-8-74 77 vrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Pennsylvania C	OUTRY?S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	00. 0.77.
DOLN 13700Ke	Rachel Gregory	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	/ / /
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Mabel Richards	(cister)
		13.0.0
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THECATION	INTERVAL BETWEEN
of Misto	+ HI My Leave	ONSET AND DEATH
Immediate cause (a)) / W/WOO V	of ways
Antecedent cause(s)	1 -0 .0 .	0.
40011	1) Access to	
Diseases or conditions, if any, (b) giving rise to the above cause	000 to 000 100 100 100 100 100 magrage con canna con canna con con control con	00 mt 10 m/ 00000 (menonomy days sepended
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	1974 1 -1	AA MA AA OO AAAAA AAAAAAAAAAAAAAAAAAAAA
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
Sh. U	8 51 Ahall	
22. I hereby certa, that I attended the deceased from.	, 19, to, 19, that I last sa	w the deceased
alive on and that death occurred at.	231 Am from the assessment of the	/
SIGNATURE (Pegroe of title)	ADDRESS and on the date sta	PATE SIGNED
MINE PARKET	1 Charle stree MA	77757
1 Diction 10731	4 Thankell	1/1/1/
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	Y OR GREMATORY LOCATION (City, town, or county	(State)
1307/2V T 13 31 17ESBY 127		Md.
DATE RECUES LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
TIZIS THAT WILL	Charles R. Bast Hancoc	k. Md.
	, -	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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PLEASE

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No. 304

04209

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Mary land COUNTY Wash,
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	TOWN RUTA - Hancock
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS R.T. D.#1	ADDRESS R. F. D. # 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) - e e N M 2 V	Irail DEATH Apr. 3 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year II under 24 hrs.
tema e White WIDOWED, DIVORCED, (Specify), do Ned	5-23-15 75 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDESTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE I WA HOME	MILTY IZNO W.J.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPHUS NOTYIS	Mary trances Creek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT
(Yes, no, or unknown) (If year, give war of dates of service)	Wilbur Irail - SON
	n 4.00. 1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
$\bigcap \bigwedge \bigwedge \bigwedge X$	110WU (00 00)
Immediate cause (a)	July Januar
1243	
Antecedent cause(s)	MOUNT
Diseases or conditions, if any, (b)	***************************************
giving rise to the above cause stating the underlying cause last	
(c)	**************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	HOW DID INJURY OCCOR:
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from.	that I lost somethe down ?
22. I hereby certify that I attended the deceased from	, 15, that I last saw the deceased
alive on and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE / Degree or title)	ADDRESS / DATE SIGNED
At le l'asser une	L. Kerranolh gud Hills
1 1 C. I W W PPIN	1 / me every my 7/4/8)
23. BURIAL, CREMATION DATE NAME OF CEMETED	RY OR CREMATORY LOCATION (City, town, or county) (State)
15071/2V 14-6-51 PINEU Plain	NS Meth, Allegany Co. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
	24. FUNERAL DIRECTOR ADDRESS
REG. 4/6/5/ Justiller	Charles R. Bast Hancock MJ

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

Item 8 on:

2411 N. Charles Street, Baltimore

32 MAY 14 105 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 3 2 WAY 14 185	Marie Control of the	Theg. Dist. 10	0
1. PLACE OF DEATH- COUNTY Washington	MARYLAND		Wash.
CITY (If outside corporate limits, write RURA OR give nearest town) agerstown TOWN	AL and LENGTH OF STAY	OR OR Hager stown	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 622 George		STREET 622 Ceorge Street	
3. NAME OF (First) DECEASED (Type or Print) Mary Cather	(Middle) rine Truet	OBI . I DEATH	(Day) (Year) 26 1951
Female 6. coLor or RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 100000	S. DATE OF BIRTH 900. AGE last hirthday If under Months yrs.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry OWn home	11. BIRTHPLACE (State or foreign country) Chambersburg, Pa.	2. CITIZEN OF WHAT
David W. Eley	^.	Rosie M. Seipel	
15. Was Deceased Ever In U.S. Armed Forces (Yes, no, or unknown) (11 yes, give war or dates of light)	16. SOCIAL SECURITY NO. none	Mrs. Savilla G. Embly, Ha	g. Md.
	18. MEDICAL CE	CRTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY	TEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY	/ \	~ n .	UNSET AND DEATH
7 . 19-4 (0)	cornary	Ochesch	Stildens
Immediate cause (a)			
120 Antecedent cause(s) Diseases or conditions, if any, (b)	ortowoodstee A	int brown	Years
giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.		
19a. DATE OF OPERATION 19b. MAJOR F	FINDINGS OF OPERATION		20. AUTOPSY?
			Yes No
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJU	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that Lattended the	1/1	1987, to 1987, that I last i	saw the deceased
0 1 1 2 7 -1		3:40 p.m., from the causes and on the date s	
they Moleus	a Mest	Togstom Wed	x/27/J
23. BURIAL CRYMATION DATE THEREO REMOVAL (Speedly) Apr. 29,	1951 Rest Have	n Cemetery Hagerstown, Ma	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE WEST	Scott F. Minnich & Son H	ag. Md.

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REGET VED

CERTIFICATE OF DEATH

OBIGITATION 1	Reg. Di	st. No.
1. PLACE OF DEATH- COUNTY Washington MARYLAND	MATVIANO	DUNTY Wash.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	OR Hancock	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give locat	ion)
3. NAME OF DECEASED (First) (Middle) (Type or Print) John Me 5 e V	(Last) 4. DATE (Mont.) OF DEATH APT	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORGED, (Specify) A > 7 . ed	8. DATE OF BIRTH 9. AGE last birthday If M	under 1 year If under 24 hrs. onths. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if jedred) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME Sherrard Luger	14. MOTHER'S MAIDEN NAME Ellie Crouse	
15. WAS DECRASED EVER IN U.S. ARMED FORCE!? (Yes, no, or unknown) (If year, give war or dates of service)	Nellie Ray Unge	(Wife)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RETIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	1 1:	
Diseases or conditions, if any, (b)	hoses liver	yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	monasy eder	na '
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (800	Yes No NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCUBRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January	1, 1957, to MY 11, 1957, that I	last saw the deceased
alive on	DORESS / WW CV CV	ate stated above. DATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL (Specify) 14 - 13 - 51 Green Way DATE REC'D BY LOCAL, REGISTRAR'S STOCKAPURD	1 + 1711	County) (State) PY AGS V. Va
REG.LI-1/2/12/12/12/12/12/12/12/12/12/12/12/12/	Charles R. Bast, Han	cock, Md.
		WWW

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians; please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

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VS. A15

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEA'	LH.		2. USUAL RESIDENCE (
	shington	MARYLAND	Maryland Washington		
CITY (If outside	cornorate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURA	L and give nearest town)
OR give neare	st town) gerstown	(in this place)	OR Hagersto	own	
HOSPITAL OR			STREET	(If rural, give loc	eation)
INSTITUTION O	or Wash. Co. Hos	pital	ADDRESS 433 We	est Washingto	n Street
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	
(Type or Print)	Dianna	Marie	Ward	DEATH	r. 23
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 4-23-1951	9. AGE last birthday yrs.	If under 1 year If under 24 hrs. Months Days Min.
10a. USUAL OCCU	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Hagerstown, Man		12. CITIZEN OF WHAT COUNTRY?
TO THE PRESENCE AND			114. MOTHER'S MAIDEN		· · ·
13. FATHER'S NA		a Wand			
	Francis Thoma			neresa Perks	
15. WAS DECRASED	EVER IN U.S. ARMED FORCES) { (If yes, give war or dates or	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(1es, no, or unknown	service)		Francis	T. Ward	
		18. MEDICAL CE	RTIFICATION //)		
I DISTANTE OF	CONDITIONS DIPPOTIV	TEADING MA DEATH	. 01.	1	INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH	A 1 h - 1		ONSET AND DEATH
	(0)	Vestina	las fill	ene	4//
Immedia	ite cause (a)		1		
173.5 Anteced	ent cause(s)	H.	JA /	- 17	1 '
Diseases o	conditions, if any, (b)	min	argenery	1-12	J. rest
	to the above cause underlying cause last	/	1		
Bostotti Cite	differing cause last		//		
II OTHER SIGNI	FICANT CONDITIONS				
Conditions contri related to the dis-	huting to the death but not ease or condition causing deat				
19a. DATE OF OP	ERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (C	OUNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED	I HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
1 8		4 27	25/ 4.24	12	
22. I hereby cer	tify that I attended the	e deceased from 4-23	, 19, to	, 19, that	I last saw the deceased
1	10/6			and the same of th	
alive on	1, 19, an	d that death occurred at (Degree or title)	ADDRESS	causes and on the	DATE SIGNED
SIGNATURE	0 ///	(Degree of Mile)		-/	DATESTUNED
KIR	welstour	9/10	(Heyere	10000	11/18/4/2011
23. BURIAL, CRE	MATION / DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	or county) (State)
REBOYMATE	ecity) / 4-25-1951	Rose Hill C	emetery	Hagerstown, N	laryland /
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	C. M. Suter &)R	ADDRESS
1860, 25.	95 (Longe	17. Toesen,	C. M. Suter &	oons, nagers	Jowii, Fid.

Dr. Earl young

A SEL TEST S

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Eloyla, Hoffman

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

eg. Dist. No. 305

	Reg. Dist. No	J
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Charlington MARYLAND	STATE Maruland POUNT	ruitore.
CITY (If outside corporate Units, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR give nearest town) TOWN (in this place)	TOWN Blaus, Cred Rusal	1
HOSPITAL OR	STREET (If rural, give jocation)	
INSTITUTION OR STREET ADDRESS Hagelston, Md. R.I	ADDRESS	01
STREET ADDRESS Caglaton Md. K.	(Last) (4. DATE (Month)	(7.1.
DECEASED	OF O	(Day) (Year)
(Type or Print) (VARA. JUML) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	Lacky DEATH (Phil),	10. 1951
Semal (what wide (Specify) by drung	S. OATH OF BIRTH 9. AGE last birthday II under Months St5-1868 82-6-5 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Beauer Creek Crash. Co. md.	COUNTRY?
13. FATHER'S NAME	17. MOTHER'S MAIDEN NAME	MISIPT.
Samuel 9. French	mari E fusa is	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	100000	had 0 1
18. MEDICAL CEI		md. 18.1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	tirication 0 (INTERVAL BETWEEN ONSET AND DEATH
h , , , , , , , , , , , , , , , , , , ,	1: // + .	
Immediate cause (a) Arteriosciel	rotic Heart Ducasa	7-1
450.D Antecedent cause(s)		
Diseases or conditions, if any, (b) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	gilti Obliterans	10 WKS
934 giving rise to the above cause attaining the underlying cause last		
(c) Arteriose	larovin -generalized	-/-/-
II. OTHER SIGNIFICANT CONDITIONS	Broth - Jeherzitzed	77
Conditions contributing to the death but not related to the disease or condition causing death.	U	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
THE DATE OF CHARLESON TWO INCOMES OF CHARLESON		20. AUTOPSTI
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	COUNTY ON MONTH	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY Mile at Not While Work At work		
22. I hereby certify that I attended the deceased from Tana.	7, 195 , to APr. 10, 195 , that I last s	aw the deceased
alive on A.P /0, 1951, and that death occurred at / SIGNATURE (Degree or title)	ADDRESS	
SIGNATURE (Degree of title)	ADDRESS	DATE SIGNED
Mala. Hollman	10-	11-01
23. BURIAL, CREMATION DATE THE ZOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify)	1 11 100 11 11	
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGGEN 12.1951 John H. Bast	TOTM \ Q' NO 5 (12.)	. 0
Thurst de la de la cal	Will and Johnson	un ma

REGETTED

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			20061 201511	2100
1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	COTT	NTY
wasning to n MAR	RYLAND	maryla	110	Mashingto
On 'day and Advanced to the Company of the Company	TH OF STAY	CITY (If outside corpora	te limits, write RURAL and	give nearest town)
Town give nearest town Hagerstown 3	this place) Vears	or Town Hager	stown	
HOSPITAL OR		STREET	(If rural, give iocation)
INSTITUTION OR STREET ADDRESS Washington Co. Hos	nits 1	ADDRESS 7 07 N	. Foundry Str	2004
		10/1		
DECEASED		(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) George W.		Vilkinson	DEATH April	$\frac{7}{195}$
5. SEX 6. COLOR OR RACE 7. SINGLE, M.	ARRIED,	8. DATE OF BIRTH	9. AGE iast hirthday If unc	der 1 year If under 24 hi
Male White WIDOWED, (Specify)	arried	ug. 18. 1868	82 yrs. Mont	ha Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF		11. BIRTHPLACE (State of		12. CITIZEN OF WHA
done during most of working life, even If retired) INDUSTRY	ma faat	Moneylond		COUNTRY?
Retired laborer Gurnitu	re fact	Maryland 14. MOTHER'S MAIDEN	MAME	U.S.
Lawson Wilkinson		Julia Stea		
		Manager and 1 x &		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unknown) (If yes, give war or dates of	CURITY No.	17. INFORMANT AND	ADDRESS	
none	9	Florence L.	Wilkinson Ha	rerstown.
	MEDICAL CEL		TELEFICION IN	1
		-		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO I	DEATH	0. 1 1		ONSET AND DEATE
LATERAL LATERAL	anlandic	near ouser	u	una
Immediate cause (a)	0 000 1110	, heard disea tim selvisio		
H20.0 Antecedent cause(s)) 1 4.7	true Adliance)		U
Diseases or conditions, if any, (b)	we w	WW . CONTROL		
giving rise to the above cause stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS				M. M.
Conditions contributing to the death but not				
related to the disease of condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF C	PERATION			20. AUTOPSY?
TYPE				Yes No
21. ACCIDENT (Specify) PLACE (Home, farm,	factory, street,	(CITY OR T	OWN) (COUNT	
SUICIDE HOMICIDE OF office hldg., etc.	.)	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
	IRRED	HOW DID INJURY OCC	TIP?	
OF While at No	ot While	HOW DID INSORT OCC	,0101	
INJURY m. Work	M work	0		
	mulin	were	1 100 10 10 10 10	
22. I hereby certify that I attended the deceased from	m	, 19,0, to	, 19 L., that I last	t saw the deceased
alive on 1957, and that death of	to borress	4157	server and on the late	
	or sitle)	ADDRESS	causes and on the date	Stated above.
Sich Die Comment of the Comment of t		1	9001	A SIGNED
1 11 40 mos 110 110 6	· Wyll	ram or de	MUNTANDO	IVVO.
23. BURIAL, CREMATION DATE THEREOF NAME	OF CEMETER	RY OR CREMATORY L	OCATION (City, town, or co	ounty) (State)
REMOVAL (Specify)				
Buris April 10 1951 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Rose Hi	124. FUNERAL DIRECTOR		ryland
	1000/			ADDRESS
11. 10,1951 brest 1730c	sevo,	Fred W. Krai	ss Hagersto	own, I.d.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04295

CERTIFICATE OF DEATH

Reg. Dist. No. 302

NWW

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MARYLAND	STATE Manufaul COUNTY	renoter
CITY (If outside corporate limit, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nealest town)
OR give nearest town) (in this place)	OR	
HOSPITAL OR	STREET All rural, give location)	
INSTITUTION OR	ADDRESS 13	
DECEASED O A	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) (Mayles Edlard	DEATH Chris.	30. 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED,	S. DATE OF BIRTH 9. AGE last hirthday If under Montha	Days Hours Mln.
Male White (Specify) Smale	Nov. 29. 1906 44-4-1 yrs. 1 Montal	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Hazzatorum Gresh Co. md	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- droits
a Variable Perable	ada Maria	
15. WAS DECRASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Ma 01 0 1	
		St. Hagerstown
18. MEDICAL CE	REFFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- //	ONSET AND DEATH
(oselto	etter reliago	11/-
Immediate cause		1000
331X Antecedent cause(s)		1.
Diseases or conditions, if any, (b)	100 ph	
giving rise to the above cause gtating the underlying cause last		
8 500 seating the middinging cause that		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
178, DATE OF OTERMION 1000 MEMORITUM		20. AUTOPSTI
21 ACCIDENT (Specific) DIACE (Home form feature street	COUNTY OF TOWN	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work	//	
143011	1 -1 4/71 21	
22. I hereby certify that I attended the deceased from	, 19 , to , that I last sa	w the deceased
4/30 64	11	*** ****
alive on , 10 , and that death occurred at	m., from the causes and on the date sta	
SICNATURY, (Degree of title)	ADDRESS	DATE SIGNED
() show !	1) Toguesom M.	1)/2/(-1
23. BURNAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count,	17/3/
OREMOVAL (Specify)	CA CREMATOR! LOCATION (City, town, or count)	y) (State)
	o Chueley Domistres Wach	· Co. ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
Supplicated to the the many	Wayno Claus Charles in	me mm

BOTEVO V. S.
SEP 6 1952

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

302

Hagerstown

Md.

	Reg. Dist. N	0•
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED STATE OF DEVIATION OF DECEASED	V
Washing ton CITY (If outside corporate limits, write RURAL and LENGTH OF S	I TOTALDY ACTITOR INCIDENT	MERYD 13
TOWN give neares 12 gers town (in this place	CITY (If outside corporate limits, write RURAL and gion on Philadelphia	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 629 Oak Hill Ave,	STREET (If rural, give location) ADDRESS 310 Bala Ave.	V
3. NAME OF DECEASED (First) (Middle) (Type or Print) BELLE LOUISE	YOUNG (Last) 4. DATE (Month) OF DEATH April	(Day) (Year) 17 19 5.
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify Widowe)	I S. DATE OF BIRTH 1 9 ACF lest birthdox I If under	l year If under 24 hrs Days Hours Min.
done during most of proking life, even if retired) 10b. KIND OF BUSINESS OWN HO	OR 11. BIRTHPLACE (State or foreign country) 11	COUNTRY USA
13. FATHER'S SAME	14. MOTHER'S MAIDEN NAME	
August Holmberg	Susan Hudnall	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no or unknown) (If yes, give war or dates of None	Paul E. Hovgard Hagers to	Hill Ave.
	AL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATE
Immediate cause (a) Corum	and allow	142
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		
4 90 steting the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ON	20. AUTOPSY?
		Yes No M
21. ACCIDENT (Specify) PLACE (Home, farm, factory, st OF office bldg., etc.) INJURY	treet, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12. alive on 14. 19.5, and that death occurred (Degree or title) SIGNATURE: (Degree or title) 23. BORIAL CREMATION DATE THEREOF NAME OF CEAR EMOVAL (Specify) CT Charton 4/20/51 West Lau	at S. A. S. M., to A. A. J. J. J. J. J. that I last so at a second on the date strategy or creation (City, town, or countrel Hill Cenetery Lower Meric	DATE SIGNED (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
18,95 6 trast 120 ever	Andrew K. Coffman Hager	stown Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is sensially important. Physicians: please write the causes of death clearly and beright. MARGIN RESERVED FOR BINDING

VS. A15